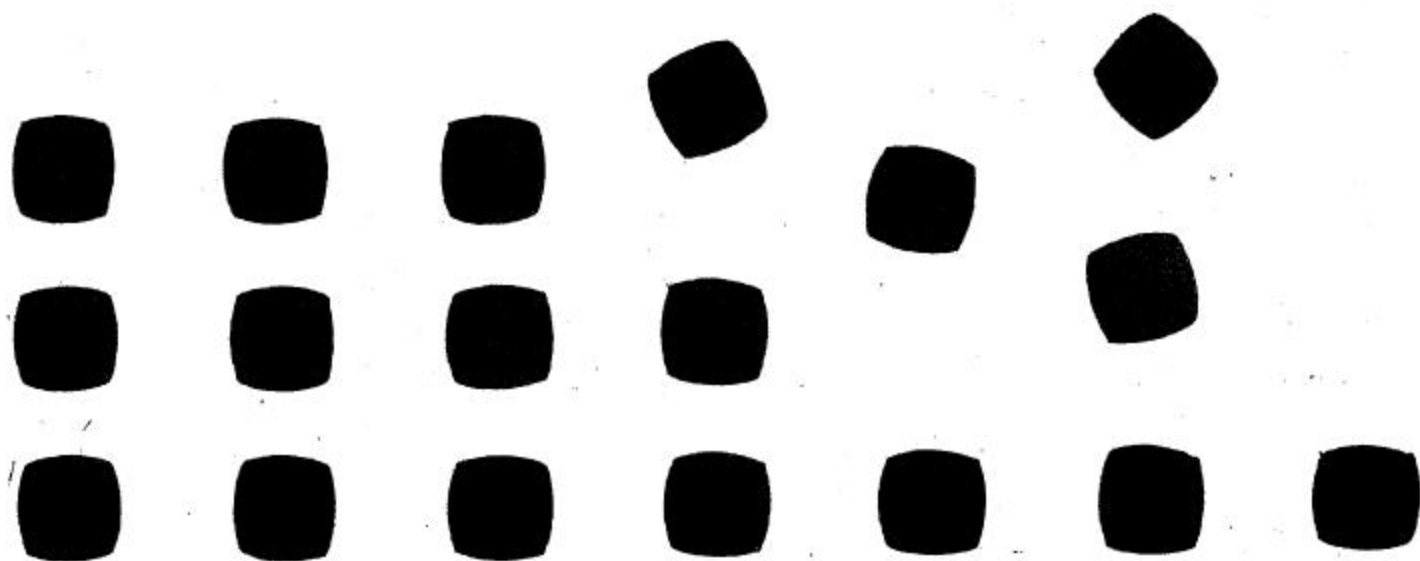


# **TERMINAL OPERATOR'S GUIDE**



JUNE 2003



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**HSRS TERMINAL OPERATORS GUIDE**  
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## **THE HUMAN SERVICES REPORTING SYSTEM**

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, the services they receive, and the funds expended. This information meets both state and federal reporting requirements.

### **I. WHERE TO GET HELP:**

#### **SOS DESK**

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting or HSRS Summaries reporting tables. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

#### **SOS DESK**

Hours                    9:00 - 11:30  
                              12:30 - 2:30

Telephone            (608) 266-9198

(You may call at other times and leave a message and someone will return your call at the beginning of the next shift.)

Address                Human Services Reporting System  
                              SOS Desk  
                              1 West Wilson Street, Room 518  
                              P. O. Box 7851  
                              Madison, Wisconsin 53707-7851

E-mail Address [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)

FAX Number           (608) 267-2437

The HSRS databases are online Monday through Friday from 6:30 A.M. to 9:00 P.M.\*, and Saturday from 8:00 A.M. to 5:00 P.M.

\*They are taken offline the last business day of every month at 5:00 P.M. for end of month report processing.

Questions regarding fiscal reports (DSL 942 and 943) will be answered by Rosiemae Hunt (608) 261-5987.

#### **SERVICE DESK**

The SERVICE DESK is operated for support and inquiry for any Network concerns or problems. Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The SERVICE DESK should be called whenever a terminal, printer, or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the SERVICE DESK.

Toll free telephone: (866) 335-2180

Telephone: (608) 267-7775

TTY (608) 664-6384

E-mail address: \* [hfs-help@dhfs.state.wi.us](mailto:hfs-help@dhfs.state.wi.us)

#### **HSRS HANDBOOK AND TERMINAL OPERATOR'S GUIDE**

The HSRS Handbook and Terminal Operator's Guide are both available on the Internet at

[http://www.dhfs.state.wi.us/dsl\\_info/hsrs](http://www.dhfs.state.wi.us/dsl_info/hsrs)

## II.

The Human Services Reporting System (HSRS) program area has excellent security features to assure that client data is secure and kept confidential. The HSRS program area is one of several program areas with systems residing on the Department of Administration computer. Each program area has systems with sensitive data. Therefore, each system must have rules of access in order to maintain the integrity and confidentiality of the system data.

The HSRS Program Security Officer (PSO) can be reached via the SOS Desk for HSRS related access problems.

To request a new HSRS login ID, complete a DES-10 Computer Access Request form and FAX it to the SOS Desk at (608) 267-2437.

## III.

You will need your USER ID number and current password each time you use HSRS. This information should be known to you and only you. It is important that this be kept confidential so that unauthorized persons cannot access any data on the system.

The first time you login, and at least every 30 days thereafter, you must establish a new password for yourself. Do not reuse the previous five passwords. The procedure for doing this is the following:

1. SELECTION SCREEN is displayed:  
  
Enter Selection Here: IMSFP. Press Enter. Top of screen will display the message: SESSION READY FOR INPUT.
2. Press the F2 key. Blank entry fields for your USER ID and PASSWORD will be displayed.
3. USER ID: Key ID number  
PASSWORD: Key old password  
NEW PASSWORD: Key new password.  
New password:
  - must contain at least 1 numeric or special character (1, 2, 3, etc, #, @, \*, \$, etc.)
  - must be 7 to 8 characters in length
  - cannot be all numeric
  - cannot match any of your last 8 passwords.
4. Press the ENTER Key. Use only the new password the next time you log in.

#### IV. HSRS LOG IN

1. SELECTION SCREEN is displayed.  
Enter Selection Here: IMSFP
2. Press ENTER. TERMINAL CONNECTED TO IMS is displayed.
3. Press the F2 key. Blank entry fields for operator's USER ID and PASSWORD will be displayed.
4. Enter USER ID and password.
5. Press ENTER. Top of screen will display the message: SESSION READY FOR INPUT.
6. Type /for w080001 (one space after the /for).
7. Press ENTER. HSRS MAIN MENU will be displayed.
8. Make selection and press ENTER.

#### HSRS LOG OFF

1. Press the F10 key. HSRS MAIN MENU will be displayed.
2. Repeat the F10 key. You will be out of HSRS and back to SELECTION SCREEN.

#### V. LOCATING AND MENUS

The F keys at the top of the keyboard are set up to local menus:

F1 - Core Client Entry Menu

F2 - Inquiry Menu

F3 - Children in Substitute Care

F4 - General Menu

F5 - Main Menu (Also used for screen print on some screens.)

F6 - AODA Entry Menu

F7 - Client Deletions Menu

F8 - Family Support Program Menu (Also used for Full Client Print on some screens).

F9 - Refresh screen - erases the information which appear on the screen.

F10 - Main Menu. Pressing it again will take you out of HSRS and log you off.

## VI. NEXT SCREEN FUNCTION

The Next Screen function enables workers to move directly between entry screens without having to go through menu screens. In addition, the use of the Next Screen field will bring forward onto the new screen certain data elements such as Client ID Number and Episode Key, to facilitate easier interaction on the new screen.

To use the Next Screen function, type the screen number of your choice in the Next Screen field found on the lower right of all HSRS data entry screens. To ensure efficient and problem free passage among screens, please follow this two step procedure carefully:

1. Enter the next screen number together with the data you are entering on the present screen at the same time. Press Enter key. Data from the current screen together with the next screen indication are processed. (Next screen can be entered on inquiry screens also.)

Do not enter the next screen number AFTER the current screen is processed. Such action will process the same screen again and may result in the error message Data Already Exists.

Also, do not press the Enter key more than once. Such action will "stack up" the Next Screen requests in the memory of the computer. The result is that when you enter a number for a new Next Screen on a following screen, you will still get the previous Next Screen as many times as you had pressed the Enter key.

2. After the current screen has been processed (Client Successfully Registered, Updated, Services Added, etc.) together with Next Screen field, press the PA1 or Page Up key to bring up the requested screen with the passed data. Do not press the PA1 or Page Up key more than once. If pressed twice, the passed data might appear on the new screen but will not be recognized by the computer, and consequently be wiped out when the new transaction is processed.

When an invalid screen number is entered on the current screen, and the PA1 or Page Up key is pressed following successful processing, the Main Menu will be brought up.

## VII. PRINTING AND FULL CLIENT PRINT

Successful transactions will be confirmed via messages on the entry screens. No turnaround documents will be produced automatically by the system at the conclusion of successful transactions. You may still wish to print copies for several reasons:

- for documentation in case files
- as reference points for future updates or error corrections
- indicating Client ID, Episode/Module Key, and Program Number as reference for future inquiries and transactions

There are three methods to choose from to produce these paper copies:

- press the F5 key after a successful transaction message is received
- on some screens the F8 key may be used for Full Client Print. Both the registration and service screens print together
- use screen AA for Full Client Print

The F5 print function is available on many HSRS screens and is indicated at the bottom of the screen. The F8 Full Client Print is gradually being added to other screens as time permits.

If you are using the next screen function, first press the F5 key to print the screen, and then press the PA1 or Page Up key to move to the next screen.

### FULL CLIENT PRINT

Full Client Print is a way of printing both the registration and services screens together versus printing each screen separately. It provides a complete picture of the client's episode(s).

There are two ways of obtaining a Full Client Print:

- the F8 key will produce a Full Client Print. (Look for this feature at the bottom of the screen.)
- screen AA will produce a Full Client Print for one or more or all episodes using Client ID.



VIII. WHEN - CLIENT SPECIFIC REPORTING

MODULE	REPORTING FREQUENCY	REPORTING **
CORE	Due at least twice per year by July 31 * and the last business day of February of the following year.	1 year
CHILDREN IN SUBSTITUTE CARE	Due monthly by the last business day of the following month.	None - unless the home/facility was paid.
LONG TERM SUPPORT	Due monthly by the last business day of the following month.	1 year
FAMILY SUPPORT PROGRAM	Due annually by the last business day of February of the following year.	1 year
ALCOHOL AND OTHER DRUG ABUSE	Due quarterly by the last business day of April, July, October and February.	1 year
SUPPORTED EMPLOYMENT	Due semiannually for the months of February and August by the last business day of March and September.	1 year
MENTAL HEALTH	Due quarterly by the last business day of April, July, October and February.	6 months
BIRTH TO THREE	Due quarterly by March 30, June 30, September 30, and December 30.	1 year

\* Form DSL-38, mentioned below, may be completed in place of the midyear reporting. However, data for the entire year is still due by the last business day of February.

\*\* Recommended time period for reopening closed episodes.

Program data entered without optional dates will reflect activity in only one year (Origination Year). If such a program continues into the following year it must be re-entered to record that year's activity. If optional program dates (SPC Start Date and End Date) are used, the program remains open until the Program End Date is entered. In this case no re-entry of the program is necessary. It is expected that agencies reporting on-line will want to continue more frequent (daily or weekly) data entry to avoid keying backlogs and have up-to-date data available.

WHEN - HRSR SUMMARIES DSL-38 AND EXPENSE REPORTING DSL-942/943

The following forms are to be prepared by county agencies as indicated below:

FORM DSL-38 - Due July 30

Exception: Agencies whose CORE client specific data is up-to-date on July 30 need not complete the DSL-38 form.

FORMS DSL-942/943 - Due July 30 and March 25 of the following year.

## IX. ENTERPRISE OUTPUT SOLUTION (EOS)

EOS may be used to view and print most HSRS reports in county agencies. This is beneficial when a report is needed quickly, or when only select portions are needed. Also, this feature is useful for looking up information which you may not need to print.

### EOS LOG IN

- ? When SELECTION SCREEN is displayed; enter EOSP.
- ? Press ENTER.
- ? The following screen will be displayed.

```
PF 1/13 HELP- COMMAND ==>
IDENTIFICATION CHECKING-                                     LU -> VTCC1ARZ

USER NAME           ==>
PASSWORD            ==>
NEW PASSWORD        ==>
VERIFY PASSWORD     ==>

*----- ENTERPRISE OUTPUT SOLUTION -----*
*      EEEEEEEEEEEEEEE      0000000000      SSSSSSSSS      *
*      EEEEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSSSS      *
*      EEE      00000      00000      SSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      0000      0000      SSSSS      *
*      EEEEEEEE      0000      0000      SSSSSSS      *
*      EEE      0000      0000      SSSSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      0000      0000      SSSS      *
*      EEEEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSSSS      *
*      EEEEEEEEEEEEEEEEE      0000000000      SSSSSSSSS      *
*----- VTAM SUPPORT ----- V1 R2
```

- ? Type USER ID and PASSWORD; press ENTER.

A Directory Selection Screen will be displayed with your cursor in the Form Name field. If you know the form number, enter it and press Enter. A directory of reports matching that form number will be displayed. If you do not know the form number for the report you wish to view, enter LH.. in FORM NAME, press enter and a list of HSRS reports will be displayed.

```

PF 1/13 HELP-COMMAND ==>
- REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
- DIRECTORY SELECTION- USER-> PWR719      TR-> 1606      TP-> 2694361 TL-> 152229K

FORM NAME          ==> LH. .          APPL. (JOBNAME)    ==>
REPORT NAME        ==>                DEFERRED ONLY      ==>    <- ENTER Y
REPORT ROOTNAME    ==>
NOTEPAD HEADER     ==>

REPORT VERSION     ==>                PRINTED REPORTS    ==>    <- ENTER Y/N
REPORT STATUS      ==>                DISPLAYED REPORTS  ==>    <- ENTER Y/N

FROM DATE AND TIME ==>                /                EXPIRATION DATE    ==>
TO DATE AND TIME   ==>                /                ARCHIVAL DATE     ==>

DESTINATION        ==>                ROOM NUMBER        ==>
OUTPUT FORM        ==>                LOCAL PRIORITY     ==>
                                CLASS ==>

TOP SEARCH         ==>    <- ENTER Y

WITH TOC ONLY      ==>    <- ENTER Y    SELECTION ON TOC  ==>    <- ENTER Y

```

## VIEWING A REPORT

- Tab down to the report in the A column.
- Enter an S (Select) and press ENTER.
- (Enter a V to view different versions and press ENTER)

PF 1/13 HELP - COMMAND ==>

- REPORT INDEX - -> RINDX SS9006 ITSEOSP.EOS.RINDX.UDOO1

- REPORT DIRECTORY - USER -> OWR719 TR -> 2309 TP -> 3206092 TL -> 181889K

A-C-REPORT NAME-----FORM - REPORT DESCRIPTION-----NOTEPAD HEADER----

HSRS-L330	LH16	SPC REVIEW DATE TICKLER
HSRS-L800	LH28	SPC PROV WAIVER CLIENTS UNIT RPT
HSRS-L810	LH29	WORKER WAIVER CLIENT UNITS SUM
HSRS-L253	LH13	ALPHABETIC SPC PROVIDER RPT
HSRS-L300	LHBG	LTS UNITS AND COSTS SUMMARY CY
HSRS-L103	LH03	TARGET GROUP BY SPC SERVICE SUMM
HSRS-S002	LH92	HSRS-MTHEND02 - PW0089CJ
HSRS-L502	LH19	JUDICIAL/ADMINIS REVIEW TICKLER
HSRS-S004	LH94	HSRS-MTHEND04 - PW0089EJ
HSRS-S003	LH93	HSRS-MTHEND03 - PW0089DJ
HSRS-S011	LHAB	HSRS-MTHEND11 - PW0089LJ
HSRS-L910	LH31	WORKER COMBINED UNITS RPT
HSRS-L533	LH22	MONTHLY WORKER CSC SUMMARY
HSRS-L534	LH23	MONTHLY AGENCY CSC SUMMARY
HSRS-L700	LH26	SPC PROVIDER COP UNITS REPORT
HSRS-L710	LH27	WORKER COP UNITS SUMMARY
HSRS-L220	LH08	CASE REVIEW DATE TICKLER
HSRS-L104	LH04	SPC BY TARGET GROUP SERVICE SUMM
HSRS-L400	LH17	SPC PROVIDER SERVICE SUMMARY
HSRS-L532	LH21	ANNUAL AGENCY CSC SUMMARY

## MOVING AROUND THE REPORT

The screen will display only 20 lines and 80 characters of each line at one time. The reports contain 132 characters per line and as many lines as are needed. To bring different parts of the report to the screen use the following keys:

- F11 to look at the right side of the report
- F10 to move back to the left side
- F8 to move forward (down) in the report
- F7 to move backward (up) in the report
- m, F8 to move to bottom of report
- m, F7 to move to top of report

To find a specific person type F JOHN (find John) in COMMAND and enter, where JOHN is the value you are searching for. (This example will find all Johns as well as Johnsons.) You may also use ID or episode code (or portions of them) in the command. If you wish to continue looking for more occurrences of your search value, press the F5 key.

The number of pages appears at the upper right. To go to a specific page enter P9, where 9 is the page number you wish to go to.

### PREPARING THE PRINTER

If the printer is a MEMOREX TELEX 1187, regular size 8 ½ x 11 paper may be used to print the report.

- Press HOLD PRINT
- Press CHANGE CPI until CPI = 17 is displayed.
- Press ENABLE PRINT

To change back:

- Press HOLD PRINT
- Press CHANGE CPI until CPI = 10 is displayed.
- Press ENABLE PRINT

### PRINTING THE REPORT LOCALLY

- From the report list, Type P (print) in the A column next to the report you wish to print..
- The following screen will be displayed:

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-SINGLE EXTRACT MENU (1)  USER-> PWR719
  REPORT NAME -> HSR5-L230      TOTAL PAGES-> 40848    TOTAL LINES-> 1864684

TECHNIQUE                ==> Q <----- /Q(D. QUEUING)

                                PAGE FORMAT ==> LH09
                                OUTPUT LIMIT ==>

- FOR PARTIAL EXTRACT REQUEST ONLY-
FROM/TO LINE(S) ==>
FROM/TO LINE(S) ==>
```

- ? Tab down to the FROM/TO line(s).
- ? Enter the pages you wish to print. Example: p5, p8 will print pages 5 through 8.
- ? Press ENTER.
- ? The following screen will be displayed:

```

PF 1/13 HELP- COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-SINGLE EXTRACT MENU (2)  USER-> PWR719
  REPORT NAME -> HSRS-L230      TOTAL PAGES-> 2      TOTAL LINES->
----- EXTRACTION REQUESTED FOR SYSTEM PRINTER (VIA DIRECT QUEUING) -----
      Y/YES ON THE COMMAND LINE TO CONFIRM END OF INPUT, C/CAN/CANCEL TO ABORT.
PRINT FORMAT (REP/SEP) ==> /

DEST          ==> u9999          OUTPUT CLASS ==> a
FORM          ==>                WRITER NAME ==>
COPIES ==>                FCB ==>                UCS ==>

OUTPUT REFERENCES ==> / / /

HEADER LINES                                SEPARATOR NUMBER
  1 ==> PWR719                                USER (TOP/BOT) ==> 0 / 0
  2 ==> SOS DESK                                REPORT (TOP/BOT) ==> 0 / 0
  3 ==> HFS                                    WITH PACKET INDEX ==> N
  4 ==>                                        DELETE AFTER EXTRACT ==> N
  5 ==> 6-9198**518
LASER PRINTER -----> NONE

```

- Enter the printer address in DEST (destination) which must be a U followed by four digits.
- Enter A in OUTPUT CLASS.
- ? The total number of pages will be listed on the top center.
- ? If the request is incorrect, enter C to cancel.
- ? The following screen will be displayed:

```

PF 1/13 HELP- COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-PRINT/EXTRACT RESULT-  USER-> PWR719

***** EXTRACT CANCELLED *****

```

- ? Press F3 again and redo the request.
- ? If the request is correct, enter a Y on the COMMAND line.
- ? Press ENTER.
- ? The following screen will be displayed:

```

PF 1/13 HELP- COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-PRINT/EXTRACT RESULT-      USER-> PWR719

***** EXTRACTION REQUESTED (VIA DIRECT QUEUING) *****

JOB NAME      ---> E0SP      JOBID      ---> STC30068
QUEUED AT : 09. 13. 51  05/21/03 (03141)      TO SERVICE EXTRACT REQUEST.

```

- ? The data will then print.
- ? To exit, press F3.

#### SIGNING OFF OF EOS

- Continue to press the F3 key until you are signed off.

#### VIEWING PROVIDER NUMBERS

To quickly get to your specific county provider numbers, after retrieving the report, type F 22NNNN, where 22 is the provider type for foster homes and NNNN is your reporting unit code. This will take you to the first occurrence of a foster home in your agency. (You must press the F5 key until your agency's numbers come up.) You may use the following provider types, followed by your reporting agency ID, to get your agency's providers numbers:

Foster Home	22NNNN
Adult Family Home	36NNNN
Adult Day Care	43NNNN
Substitute Care Parent Agencies	44NNNN
Supportive Home Care	70, 71, OR 72NNNN
Child Day Care	76, 77, 78, 79, OR 80NNNN
Approved Ancillary Services	88NNNN
Other	89NNNN

X      HSRS MAIN MENU

99/99/99	Human Services Reporting System	xxxxxxx
08:30:55	Main Menu	PW0800

HSRS ENTRY MENU

01--CORE CLIENT ENTRY MENU	A1--AODA ENTRY MENU
02--HSRS INQUIRY MENU	AA--FULL CLIENT PRINT
03--CSC / ADOPTIONS MENU	SE--SUPPORTED EMPLOYMENT MENU
05--LOCAL REPORTS MENU	MH--MENTAL HEALTH MENU
07--CLIENT DELETIONS MENU	67--BIRTH TO THREE MENU
09--FAMILY SUPPORT MENU	LT--LONG TERM SUPPORT MENU
21--HSRS GENERAL MENU	

MAKE SELECTION AND PRESS ENTER: \_\_\_\_

Depress PF10 to exit HSRS system

---



XI. CORE SCREENS

99/99/99 09:48:35	Human Services Reporting System Client Entry Menu	9999999 PW0801
<p>HSRS ENTRY MENU</p> <p>11 - CLIENT REGISTRATION NEW</p> <p>12 - CLIENT REGISTRATION E/U</p> <p>14 - CLIENT SERVICES NEW E/U</p> <p>15 - MULTIPLE CLIENT SERVICE UNITS ENTRY</p>		
<p>MAKE SELECTION AND PRESS ENTER: __</p>		
<p>Depress PF10 to return to HSRS Main Menu</p>		

CORE MENU

99/99/99 09:57:19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">CORE</p> <p>81 - CLIENT REGISTRATION</p> <p>86 - CORE SERVICES</p> <p style="text-align: center;">CSC</p> <p>33 - CSC PAYMENTS</p> <p>37 - CSC HISTORY</p> <p>86 - CSC SERVICES</p> <p>88 - CSC REGISTRATION + FISCAL</p> <p style="text-align: center;">LTS</p> <p>L1 - LTS REGISTRATION</p> <p>L2 - LTS SERVICES</p> <p>L3 - LTS MULTIPLE SERVICES/COSTS</p> <p style="text-align: center;">MENTAL HEALTH</p> <p>M1 - MH REGISTRATION</p> <p>M2 - MH SERVICES</p> <p>M4 - CONSUMER STATUS</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">FAMILY SUPPORT</p> <p>94 - FSP REGISTRATION</p> <p>96 - FSP SERVICES</p> <p>98 - SERVICES EXPENDITURES</p> <p style="text-align: center;">AODA</p> <p>A3 - AODA REGISTRATION</p> <p>A5 - AODA SERVICES</p> <p style="text-align: center;">ADOPTIONS</p> <p>B1 - ADOPTIONS REGISTRATION</p> <p>B2 - ADOPTIONS FINALIZATION</p> <p style="text-align: center;">SUPPORTED EMPLOYMENT</p> <p>S1 - SE REGISTRATION</p> <p>S2 - SE JOB INFORMATION</p> <p>S3 - 1 MONTH SEMI - ANNUAL REPORT</p> <p style="text-align: center;">BIRTH TO THREE</p> <p>68 - BIRTH TO THREE REGISTRATION</p> <p>69 - BIRTH TO THREE SERVICES</p> </td> </tr> </table>			<p style="text-align: center;">CORE</p> <p>81 - CLIENT REGISTRATION</p> <p>86 - CORE SERVICES</p> <p style="text-align: center;">CSC</p> <p>33 - CSC PAYMENTS</p> <p>37 - CSC HISTORY</p> <p>86 - CSC SERVICES</p> <p>88 - CSC REGISTRATION + FISCAL</p> <p style="text-align: center;">LTS</p> <p>L1 - LTS REGISTRATION</p> <p>L2 - LTS SERVICES</p> <p>L3 - LTS MULTIPLE SERVICES/COSTS</p> <p style="text-align: center;">MENTAL HEALTH</p> <p>M1 - MH REGISTRATION</p> <p>M2 - MH SERVICES</p> <p>M4 - CONSUMER STATUS</p>	<p style="text-align: center;">FAMILY SUPPORT</p> <p>94 - FSP REGISTRATION</p> <p>96 - FSP SERVICES</p> <p>98 - SERVICES EXPENDITURES</p> <p style="text-align: center;">AODA</p> <p>A3 - AODA REGISTRATION</p> <p>A5 - AODA SERVICES</p> <p style="text-align: center;">ADOPTIONS</p> <p>B1 - ADOPTIONS REGISTRATION</p> <p>B2 - ADOPTIONS FINALIZATION</p> <p style="text-align: center;">SUPPORTED EMPLOYMENT</p> <p>S1 - SE REGISTRATION</p> <p>S2 - SE JOB INFORMATION</p> <p>S3 - 1 MONTH SEMI - ANNUAL REPORT</p> <p style="text-align: center;">BIRTH TO THREE</p> <p>68 - BIRTH TO THREE REGISTRATION</p> <p>69 - BIRTH TO THREE SERVICES</p>
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<p>MAKE SELECTION AND PRESS ENTER: __</p>				
<p>PF10 - MAIN MENU</p>				

INQUIRY MENU

99/99/99  
09: 59: 50

Human Services Reporting System  
CORE CLIENT REGISTRATION

xxxxxxx  
PW0811

SCREEN 11 TRANS TYPE N

WORKER ID\*: \_\_\_\_\_  
SSN\* : \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST: \_\_\_\_\_ MI: \_ SUFF: \_\_\_\_\_

BIRTHDATE: \_\_ / \_\_ / \_\_\_\_

SEX: \_ HI SP(Y/N): \_ RACE: \_\_\_\_\_

CLIENT CHAR: \_\_\_\_\_

\*\*\*\*\* OPTIONAL DATA \*\*\*\*\*

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

TEL NO: \_\_\_\_\_

START DATE: \_\_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

CLOSING REASON: \_\_\_\_\_

FAMILY ID: \_\_\_\_\_

LOCAL TEXT: \_\_\_\_\_

NEXT SCREEN \_\_\_\_\_

PF1 - ENTRY MENU

PF5 - PRINT

PF9 - REFRESH SCREEN

PF10 - MAIN MENU

SCREEN 11

CORE REGISTRATION - NEW

Use to enter registration information for new Core clients, to register a closed client, or to add a Core episode to a module client.

NOTES

When you register a client, the program checks to see if a client with an identical name, birthdate, and sex exists on the system. If the only difference between what is recorded on the system and what you are trying to register is a middle initial or a suffix, you will get the following warning upon pressing Enter: "CLIENT MAY ALREADY EXIST ON HSR; MUST PRESS PA1 FOR NAME INQUIRY." When you get to Screen 62 you will see all clients established for your agency with identical first and last names, birthdates, and sexes, together with their IDs.

If you find the client you are trying to enter on the name search screen (62), enter an X in the Select column next to that client's name and 11 in the Next Screen field. Press Enter. The same screen will be returned with the client you have selected. Press the PA1 or Page Up key to go to screen 11 with the information. You can now register the client as is or if you choose you can remove the name, birthdate, sex, and ethnic code but leave the ID in. You must enter the Client Characteristics. If you would like to add (or delete) a middle initial and/or a suffix, YOU MUST DO IT later on Screen 12. If an open Core episode exists for the client you will receive a message rejecting your entry.

## SCREEN 11

## CORE REGISTRATION NEW (continued)

If the clients you see on Screen 62 with the same name, birthdate, and sex do not include the client you are trying to register, enter an X next to any client, enter 11 in the Next Screen field and press Enter. The return screen will display the name. Press PA1 or Page Up to go to screen 11. Screen 11 returns with the information for the client from Screen 61. This information must be changed back to your new client's information. To do so remove the ID and add (or remove) middle initial and/or suffix and add Ethnic code and Client Characteristics. When you press Enter you will receive a new ID for this new client. **YOU MUST** follow this procedure via the Next Screen Function in order to get to Screen 11. If you go directly to Screen 11 the program will send you to Screen 61 again.

This edit also applies to Screens 25, 59, A3, S1, M1, 68, and L1.

99/99/99  
10: 07: 08

Human Services Reporting System  
CORE CLIENT REGISTRATION

xxxxxxx  
PW0812

SCREEN 12 TRANS TYPE U

WORKER ID: \_\_\_\_\_  
MA / SSN : \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

EPISODE KEY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST: \_\_\_\_\_ MI: \_ SUFF: \_\_\_\_\_

BIRTHDATE: \_\_ / \_\_ / \_\_\_\_

SEX: \_ HISP(Y/N): \_ RACE: \_\_\_\_\_

CLIENT CHAR: \_\_\_\_

\*\*\*\*\* OPTIONAL DATA \*\*\*\*\*

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_

TEL NO: \_\_\_\_\_

START DATE: \_\_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

CLOSING REASON: \_\_\_\_

FAMILY ID: \_\_\_\_\_

LOCAL TEXT: \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF1 - ENTRY MENU

PF5 - PRINT

PF8 - CLIENT PRINT

SCREEN 12

CORE REGISTRATION - UPDATE

Use to update registration information for existing Core Clients.

NOTES

Enter zeros to remove the middle initial or suffix.

99/99/99  
10:10:11

Human Services Reporting System  
CORE SERVICES NEW AND UPDATE

xxxxxxx  
PW0814

SCREEN 14

WORKER ID\*: \_\_\_\_\_  
MA/SSN: \_\_\_\_\_

MODULE KEY: \_\_\_\_\_

PGM NO	SPC CODE	TAR GRP	UNITS DAYS*	OTHER UNITS*	DELVY MM*YYYY	SPC* START-DT MDDYYYY	SPC* END-DT MDDYYYY	PROVIDER NUMBER*	NEXT* REV-DT MM*YYYY
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—

NEXT SCREEN \_\_\_\_

PF1 - CLIENT ENTRY MENU

PF5 - PRINT

PF8 - CLIENT PRINT

\*Denotes optional data field

DELIVERY DATE DEFAULTS TO CURRENT MM/YYYY UNLESS KEYED DIFFERENTLY

SCREEN 14

CORE SERVICES

Use to enter services for a Core client you just registered or to update service information for existing clients. Also can be used to add SPCs to open or closed episodes.

NOTES

MODULE KEY - Required

PROGRAM NUMBER - Enter program number if already generated.

SPC CODE - Enter SPC to generate a new service.

UNIT DAYS - Three whole number places are provided. Example: 28 days = 28. This field is right-justified which means you do not have to zero fill the number.

CHANGING UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC or Cluster for a given month, when you enter a different number of units for this program number for the same month on Screen 14, the new entry will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month (and year) for which you are entering the units and the number of units.

The system will both keep track of the number of units provided in a program for each month, and keep a cumulative count for the year to date. Thus, when viewing a services inquiry, the number of units shown will be the total number of units provided under this program for the year-to-date unless inquiry is requested for a specific month and/or year. In sum, units cannot be added to a given month - the new entry replaces the number.

SCREEN 14

CORE SERVICES (continued)

OTHER UNITS -

Three whole numbers plus two decimal places are provided. Example: 22.75. Do not enter the decimal point.

This field is right-justified which means you do not have to zero fill the number.

The same procedures apply for changing units or adding units as noted above under UNIT DAYS.

DELIVERY MM/YYYY - Enter only if different than current month and year. It is important to key this information when entering data after the end of the year for the previous year.

99/99/99  
10:18:58

Human Services Reporting System  
HSRS CORE UNITS REPORTING

xxxxxxx  
PW0815

SCREEN 15

DELIVERY MM/YYYY \_\_\_\_

EPI SODE	PGM KEY	UNIT DAYS	OTHER UNITS	DELIV MM - YYYY	SPC- END- DT MDDYYYY	EPSD- END- DT MDDYYYY
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____
_____	__	____	____	____	_____	_____

PF5 - PRINT

PF10 TO RETURN TO MAIN MENU

NEXT SCREEN

SCREEN 15

CORE UNITS REPORTING

Use to enter units for several Core clients/episodes on the same screen.

NOTES

DELIVERY MM/YYYY -

Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the middle field -DELIV MM/YYYY. The date entered on the strip (middle field) will override the date entered at the top of the screen.

EPI SODE -

When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

SPC END DT -

Enter the SPC End Date only if you wish to close the service.

99/99/99  
10: 22: 05  
SCREEN 81

Human Services Reporting System  
HSRS Client Inquiries

xxxxxxx  
PW0881

EPI SODE KEY : \_\_\_\_\_

\*NEXT SCREEN \_\_\_\_

Depress ENTER - Process Query PF2 - Client Inquiry Menu  
PF8 - ID Inquiry PF9 - NAME Inquiry PF10 - Exit

\*Next Screen MUST be entered from this screen

---

99/99/99  
10: 44: 39  
SCREEN 82

Human Services Reporting System  
CORE CLIENT INQUIRIES

xxxxxxx  
PW0882

CLIENT ID:

EPI SODE CODE:

AGENCY ID:  
WORKER ID:  
SSN :

LAST NAME:

FIRST:

MI : SUFF:

BIRTHDATE: / /

SEX

HISP(Y/N) RACE

CLIENT CHAR:

\*\*\*\*\* OPTIONAL DATA \*\*\*\*\*

STREET:

CITY:

STATE: ZIP:

COUNTY:

TEL NO:

START DATE:

NEXT REVIEW DATE:

DIAGNOSIS:

CLOSING DATE:

CLOSING REASON:

FAMILY ID:

LOCAL TEXT:

NEXT SCREEN:

PF2 - Inquiry Menu

PF5 - PRINT

PF8 - ID Inquiry

PF9 - Name Inquiry

SCREEN 81  
SCREEN 82

CORE REGISTRATION INQUIRY BY ID

Enter Episode Key to retrieve all information entered for that particular episode including optional data elements.



99/99/99  
10: 49: 44

Human Services Reporting System  
SERVICES INQUIRY

xxxxxxx  
PW0886

SCREEN 86

EPISODE KEY: \_\_\_\_\_

\*DELVY: MM YYYY AGENCY ID: \_\_\_\_\_

\*\*NEXT SCREEN \_\_\_\_\_

Depress ENTER - Process Query PF2 - Client Inquiry Menu  
PF8 - ID Inquiry PF9 - Episode Inquiry PF10 - Exit  
\*Defaults to current year unless keyed differently  
\*\*Leave next screen BLANK to select SPC on SCREEN 87

99/99/99  
10: 51: 26  
SCREEN 87

Human Services Reporting System  
SERVICES INQUIRY

xxxxxxx  
PW0887

CLIENT ID: \_\_\_\_\_ EPISODE CODE: \_\_\_\_\_ MODULE TYPE: \_\_\_\_\_

NAME: \_\_\_\_\_ WORKER ID: \_\_\_\_\_

SEL	PGM	SPC	TAR	UNITS	OTHER	DELVY	SPC*	SPC*	PROVIDER	NEXT*
NO	CODE	GRP	DAYS*	UNITS*	MM*YYYY	MDDYYYY	MDDYYYY	MDDYYYY	NUMBER*	REV- DT MM*YYYY
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-

PF2 - INQUIRY MENU  
PF9 - EPISODE INQUIRY

PF5 - PRINT  
PF10 - EXIT

PF8 - ID INQUIRY

NEXT SCREEN: \_\_\_\_\_

SCREEN 86  
SCREEN 87

CLIENT SERVICES INQUIRY BY EPISODE KEY

Enter episode Key on Screen 86 to view all services entered for that episode on Screen 87 (both active and closed). Can also be used to view the client's Children in Substitute Care module services using the Module Key. Entry of Delivery Month and Year will cause units for that month/year to be displayed. If no date is entered, the current year's units are shown. If only a year is entered, all units for that year are shown.

NOTES

SEL SPC - Key an X in the select SPC column to view or update a specific service; also key in a Next Screen number. Press Enter key. Press the PA1 or Page Up key. The selected service will move forward to the chosen next Screen. A maximum of 4 SPCs per Screen can be moved forward using this function.

XII. GENERAL AND INQUIRY MENUS

99/99/99 14: 00: 29	Human Services Reporting System HSRS GENERAL MENU	xxxxxxx PW0821
 05--LOCAL REPORTS MENU INQUIRY 18--CSC/FSP/AODA/MH/B3/LTS OPTIONAL DATA 23--WORKER FILE INQUIRY/UPDATE W1--WORKER NAME INQUIRY 46--EPISODE/MODULE TYPE LIST 61--CLIENT NAME SEARCH INQUIRY P1--PROVIDER FILE INQUIRY AA--FULL CLIENT PRINT  MAKE SELECTION AND PRESS ENTER:    ___  PF10 - MAIN MENU _____		

GENERAL MENU

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table><tr><td>CORE</td><td>FAMILY SUPPORT</td></tr><tr><td>81--CLIENT REGISTRATION</td><td>94--FSP REGISTRATION</td></tr><tr><td>86--CORE SERVICES</td><td>96--FSP SERVICES</td></tr><tr><td></td><td>98--SERVICES EXPENDITURES</td></tr><tr><td>CSC</td><td>AODA</td></tr><tr><td>33--CSC PAYMENTS</td><td>A3--AODA REGISTRATION</td></tr><tr><td>37--CSC HISTORY</td><td>A5--AODA SERVICES</td></tr><tr><td>86--CSC SERVICES</td><td>ADOPTIONS</td></tr><tr><td>88--CSC REGISTRATION + FISCAL</td><td>B1--ADOPTIONS REGISTRATION</td></tr><tr><td>LTS</td><td>B2--ADOPTIONS FINALIZATION</td></tr><tr><td>L1--LTS REGISTRATION</td><td>SUPPORTED EMPLOYMENT</td></tr><tr><td>L2--LTS SERVICES</td><td>S1--SE REGISTRATION</td></tr><tr><td>L3--LTS MULTIPLE SERVICES/COSTS</td><td>S2--SE JOB INFORMATION</td></tr><tr><td>MENTAL HEALTH</td><td>S3--1 MONTH SEMI-ANNUAL REPORT</td></tr><tr><td>M1--MH REGISTRATION</td><td>BIRTH TO THREE</td></tr><tr><td>M2--MH SERVICES</td><td>68--BIRTH TO THREE REGISTRATION</td></tr><tr><td>M4--CONSUMER STATUS</td><td>69--BIRTH TO THREE SERVICES</td></tr></table> MAKE SELECTION AND PRESS ENTER:    ___ PF10 - MAIN MENU _____			CORE	FAMILY SUPPORT	81--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
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INQUIRY MENU

Inquiry screens can be found in each individual module section.

99/99/99  
14:02:00  
SCREEN 05

Human Services Reporting System  
LOCAL REPORTS MENU INQUIRY

xxxxxxx  
PW0805

REPORTING UNIT \_\_\_\_\_

Depress ENTER - Process Query PF2 - Client Inquiry Menu PF10 - EXIT

99/99/99  
14:04:12

Human Services Reporting System  
LOCAL REPORTS MENU

xxxxxxx  
PW0808

SCREEN 08

REPORTING UNIT: \_\_\_\_\_

TRAN CODE A, C OR D	REPORT NUMBER	MONTHLY/ QUARTERLY	PRINT COPIES	MICROFICHE COPIES
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-

PF2 - CLIENT INQUIRY MENU PF5 - PRINT PF10 - EXIT

SCREEN 05  
SCREEN 08

LOCAL REPORTS MENU

Enter reporting unit number on Screen 05 to view list of output reports received by agency on Screen 08. Use to add, change, or delete output reports received by the agency.

NOTES

TRAN CODE - Transaction Code types are A = Add, C = Change, D - Delete

REPORT NUMBER - Enter four digit report number. See Appendix B of the HSRS Handbook for report numbers.

MONTHLY/QUARTERLY - Enter an M to receive the report monthly, or a Q to receive it quarterly.

PRINT COPIES AND MICROFICHE COPIES - Enter a one digit number up to eight.

Requested reports are automatically available on EOS.

Changes to report requests must be entered by the 25<sup>th</sup> of the month in order to take effect in the month-end processing cycle.

99/99/99 10:38:21	Human Services Reporting System CSC/FSP/AODA/MH/B3/LTS/SE OPTIONAL ELEMENTS ENTRY	xxxxxxx PW0818
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SCREEN 18  
MODULE KEY: \_\_\_\_\_ CLIENT ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ WORKER ID \_\_\_\_\_  
NAME \_\_\_\_\_

\* \* \* \* \* OPTIONAL DATA \* \* \* \* \*

ADDRESS:  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_ ZIP: \_\_\_\_ COUNTY: \_\_\_\_  
TEL NO: \_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_  
FAMILY ID: \_\_\_\_\_ LOCAL TEXT: \_\_\_\_\_

PF5 - PRINT PF8 - FULL CLIENT PRINT PF9 - REFRESH SCREEN PF10 - MAIN MENU  
Enter MODULE KEY only, for display of current data

---

SCREEN 18 CSC/FSP/AODA/SE/MH/B3/LTS OPTIONAL ELEMENTS ENTRY/INQUIRY

Use to enter optional data elements for module clients.

NOTES

Enter Module Key and press enter to view current data.

99/99/99  
10:40:22

Human Services Reporting System  
HSRS WORKER DATA SCREEN

xxxxxxx  
PW0823

SCREEN 23

TRAN- CODE:            \_ (A=ADD, C=CHG, D=DEL, BLANK=QUERY)

WORKER NUMBER        \_\_\_\_\_  
LAST NAME            \_\_\_\_\_  
FIRST NAME            \_\_\_\_\_  
MIDDLE INITIAL\*      \_  
SUFFIX\*                \_\_\_\_\_

SUPVISR/UNIT- CODE\*   \_\_\_\_\_

Add requires Tran-Code, Worker-Number, First-Name and Last-Name  
For Delete or Query enter only Tran-Code and Worker-Number  
Change requires Tran-Code, Worker-Number and change data

PF5 - PRINT   PF10 TO RETURN TO MAIN MENU       \* Denotes optional data

---

SCREEN 23

WORKER NUMBER ENTRY AND INQUIRY

Use to add, change, delete, or query HSRS worker numbers.

99/99/99  
10: 44: 46

Human Services Reporting System  
WORKER NAME INQUIRY

xxxxxxx  
PW08W1

SCREEN W1

WORKER LAST NAME : \_\_\_\_\_

\*FIRST NAME : \_\_\_\_\_

AGENCY ID : \_\_\_\_\_

\*OPTIONAL FIELD      PF10 - MAIN MENU

---

99/99/99  
10: 46: 29

Human Services Reporting System  
WORKER NAME INQUIRY

xxxxxxx  
PW08W2

SCREEN W2  
SEARCH

LAST NAME

FIRST

AGENCY

RESULT	LAST NAME	FIRST	WORKER ID
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____

NEXT SCREEN \_\_\_\_\_

PF5 - PRINT

PF8 - WRK NAME INQUIRY

PF10 - MAIN MENU

---

SCREEN W1  
SCREEN W2

WORKER NAME INQUIRY

Use partial or full worker name on Screen W1 to view worker ID number on Screen W2.

NOTES

The minimum requirement for the search is the first two letters of the last name. Type an asterisk (\*) at the point of the truncated name.

99/99/99 11: 06: 03	Human Services Reporting System EPISODE/MODULE TYPE LIST INQUIRY	xxxxxxx PW0846
SCREEN 46		
CLIENT ID : _____		
		NEXT SCREEN ____
PF10 - MAIN MENU		

---

99/99/99 11: 11: 10	Human Services Reporting System EPISODE/MODULE TYPE LIST INQUIRY	xxxxxxx PW0847					
SCREEN 47							
CLIENT ID _____ NAME _____							
SELECT EPD	EPISODE KEY	MODULE	ORIGIN DATE	START DATE	END DATE	WORKER ID	AGENCY ID
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____	_____	_____
						NEXT SCREEN ____	
PF5 - PRINT		PF8 - EPD LIST INQUIRY		PF10 - MAIN MENU			

---

SCREEN 46  
SCREEN 47

EPISODE/MODULE TYPE LIST INQUIRY

Enter the Client ID number on Screen 46 to view all episodes associated with a client, both opened and closed for all modules on Screen 47.

NOTES

SELECT EPD –

To inquire one of the episodes, move the cursor to the chosen episode in the Select Episode field and type X. Then, enter the Next Screen of your choice in the lower right-hand corner.



## SCREEN 46 & 47

## EPISODE/MODULE TYPE LIST INQUIRY (continued)

If you have entered it on the previous Screen 46, make sure it is the screen you want to see next. Press enter. You will see a listing on Screen 47 showing only the episode you have selected. Press the PA1 or Page Up key and the next screen of your choice with the client's data carried forward will be displayed.

In selecting a Next Screen, you can move to all inquiry, update, error correct, and deletions screens.

## ORIGINATION DATE –

The date the information was keyed into the system.

99/99/99  
11: 01: 39

**Human Services Reporting System**  
**CLIENT NAME SEARCH INQUIRY**

xxxxxxx  
PW0861

**SCREEN 61**

**CLIENT LAST NAME :** \_\_\_\_\_

**FIRST NAME :** \_\_\_\_\_

**AGENCY ID :** \_\_\_\_\_

**PF10 - MAIN MENU**

---

**SCREEN 61**

**CLIENT NAME SEARCH INQUIRY**

Use to locate names and client ID numbers previously entered by the agency. The information will appear on Screen 62.

**NOTES**

Enter the client information available. If there is uncertainty about the name, enter only the beginning letters of the last and first name. Type an asterisk (\*) at the points of the truncated name. For example, if you are not sure whether the last name is Smith or Smythe, type Sm\*. The minimum requirement for the search is at least the first two letters of the last name. Use the Client Name Search to avoid entering duplicate clients.

99/99/99		Human Services Reporting System					xxxxxxx	
11:04:14		CLIENT NAME SEARCH INQUIRY					PW0862	
SCREEN 62								
SEARCH	CLIENT LAST NAME	FIRST	MI	SUF	BIRTHDATE	SEX	RU	CLIENT ID
	_____	_____			_____			*****
RESULT								
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
-	_____	_____	-	_____	_____	_____	_____	_____
							NEXT SCREEN	__
PF10 - MAIN MENU		PF8 - CLT NAME INQUIRY						

SCREEN 62

CLIENT NAME SEARCH INQUIRY (DISPLAY)

This Screen is displayed after a Client Name Search Inquiry is made. Screen 62 will return up to twelve names that meet the description entered on Screen 61. If more than twelve names meet the description, you will be asked to press Enter in order to view more names. If no names match the description, a message will indicate that.

NOTES

SEARCH RESULT -

If you wish to further inquire a specific client that the search located, or to enter data, place an X in the Search Result column on the left-hand side of the Screen, and the number of the next Screen you would like to go to in the Next Screen field on the lower right-hand side. Press enter. You will see a listing on Screen 62 showing only the client you have selected. Press the PA1 or Page Up key and the next Screen of your choice with the client's data carried forward will be displayed.

99/99/99  
11: 13: 44  
SCREEN P1

Human Services Reporting System  
PROVIDER INQUIRY

xxxxxxx  
PW08P1

PROVIDER NUMBER: \_\_\_\_\_ PROVIDER TYPE: \_\_\_\_

COUNTY CODE: \_\_\_\_ enter WI for state search

PROVIDER NAME 1: \_\_\_\_\_

PROVIDER NAME 2: \_\_\_\_\_

NOTE: enter an \* in name fields to represent  
an unknown letter or at the end of the  
name or provider number for a partial  
search of those fields.

PF2 - INQUIRY MENU    PF5 - PRINT    PF9 - REFRESH SCREEN    PF10 - MAIN MENU

---

99/99/99  
11: 15: 29  
SCREEN P2

Human Services Reporting System  
PROVIDER INQUIRY LIST

xxxxxxx  
PW08P2

	PROVIDER NUMBER	PROV TYPE	CTY CODE	PROVIDER NAME1	PROVIDER NAME2
SEARCH	_____	____	____	_____	_____
SEL	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____

PF2: INQ MENU    PF5: PRINT    PF8: BACK    PF9: ENTRY (P1)    PF10: MAIN MENU

---

SCREEN P1  
SCREEN P2

PROVIDER NUMBER INQUIRY  
PROVIDER NUMBER INQUIRY LIST

Use to inquire provider information by:

- number,
- provider type,
- name, or
- county

Enter information on Screen P1 and Screen P2 will return with the provider listing.

## PROVIDER NUMBER INQUIRY SCREENS P1 AND P2 (continued)

### NOTES

Wild cards can be used as unknown values in the provider inquiry. There are two wild cards for Screen P1:

- an asterisk (\*) is used for a ONE position wild card and
- a percent sign (%) is used for a MANY position wild card.

These wild cards can be used in any fields on Screen P1.

COUNTY CODE - County code will default to the inquiring agency's code unless  
(P1) otherwise indicated. WI can be entered for a statewide search, but this can return many names and should be used only when appropriate.

SEARCH SEL - If you want additional information on one of the providers displayed  
(P2) on P2, move the cursor to the chosen provider in the Search Select field, type X, and press enter. Screen 91A will be returned with detailed information about the chosen provider.

### SOME EXAMPLES:

1. Search for a provider number with "luth" in the name. On Screen P1 enter %luth% on the Provider Name 1 line and press enter. Screen P2 will return with a list of providers that fit that description. (If you need more data on one provider, put an X in the Search Select column on the left and press enter. Screen 91A will return with all data about that provider.
2. Partial provider number search. You may search for provider numbers if you only know a few digits of the number. For example you know the second and third numbers are 22. On Screen P1 enter \*22 and all provider numbers with a 2 in the second and third position within your county or the county code you entered, will be returned on Screen P2.
3. Search for all providers in a specific type category such as Adult Family Home--type 36. On Screen P1 enter a 36 in Provider Type. Screen P2 will return with all Adult Family Homes within your county or the county code you entered.

99/99/99  
11: 17: 51

Human Services Reporting System  
PROVIDER FILE

xxxxxxx  
PW0891A

SCREEN 91(A)

PROVIDER NUMBER	_____		
FACILITY NAME	_____		
OPERATOR(S) /PARENT ORG	_____		
ADDRESS	_____		
CITY	_____		
ZIP CODE	_____		
COUNTY	_____		
PROVIDER TYPE	_____		
LICENSE	_____		
LIC AGENCY NAME	_____		
REQUESTING AGENCY RU	_____	BOARD OP FAC	_____
CURRENT MONTHLY RATE	_____	PREV MONTHLY RATE	_____
CURRENT DAILY RATE	_____	PREV DAILY RATE	_____
ACTIVE PROV IND	_____	EFFECTIVE DATE	_____
DATE KEYED	_____		

Press ENTER for second page of Screen 91.

99/99/99  
11: 19: 40

Human Services Reporting System  
PROVIDER FILE

xxxxxxx  
PW0891B

SCREEN 91(B)

FOSTER FAMILY STRUCTURE \_

FIRST FOSTER CARETAKER:

BIRTH YEAR	_____
HISP(Y/N)	_____
RACE	_____

SECOND FOSTER CARETAKER:

BIRTH YEAR	_____
HISP(Y/N)	_____
RACE	_____

PF2 - INQUIRY MENU    PF5 - PRINT    PF9 - REFRESH SCREEN    PF10 - MAIN MENU

SCREEN 91A  
SCREEN 91B

PROVIDER FILE INQUIRY

Screens 91A and 91B will return with information about a specific provider when a selection is made on Screen P2.

NOTES

Screen 91A - Do NOT use (P) F keys on Screen 91A. Pressing ENTER transfers you to Screen 91B.

SCREEN 91B –

If a (P)F key was mistakenly used on Screen 91A, use the ENTER key on Screen 91B to exit.

If a (P)F key was used on both Screens 91A and 91B, one of the following messages will appear: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONE PER MESSAGE, or INPUT MUST BEGIN FROM FIRST PHYSICAL PAGE. Press the CLEAR (or PAUSE) key and reenter /for W080001.

# FULL CLIENT PRINT SCREEN

<b>99/99/99</b> <b>11:22:54</b> <b>SCREEN AA</b>	<b>Human Services Reporting System</b> <b>HSRS Full Client Print Entry</b>	<b>xxxxxxx</b> <b>PW08AA</b>
--	---	---------------------------------

CLIENT ID: \_\_\_\_\_
\*YEAR: \_\_\_\_\_

— COR	— CSC	— ADOP
— COP	— FSP	— SE
— MA	— AODA	— LTS
— B3	— MH	
— ALL MODULES		

\_ \*\*ALL EPISODES WITHIN MODULE(S)

AGENCY: \_\_\_\_\_ (MIS section + REGIONAL OFFICES only)

\*Specifies year for which units/costs will be shown.  
 If no year is entered total units/costs (ALL years) will be printed.  
 \*\*IF NOT selected then ONLY the most current episode per module is displayed.  
 # Module unavailable at this time

ENTER - PROCESS QUERY
PF2 - INQUIRY MENU
PF9 - REFRESH SCREEN

PF10 - MAIN MENU

---

<b>99/99/99</b> <b>11:24:41</b> <b>SCREEN BB</b>	<b>Human Services Reporting System</b> <b>HSRS Full Client Print</b>	<b>xxxxxxx</b> <b>PW08BB</b>
--	---	---------------------------------

CLIENT ID: \_\_\_\_\_
NAME: \_\_\_\_\_

\_ PRINT ALL EPISODES DISPLAYED

MODTYPE	SEL	EPISODE	START DATE	END DATE	SEL	EPISODE	START DATE	END DATE
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—

PF2 - INQUIRY MENU
PF5 - PRINT
PF9 - ENTRY SCREEN AA
PF10 - MAIN MENU

---

SCREEN AA  
SCREEN BB

FULL CLIENT PRINT ENTRY  
FULL CLIENT PRINT

Enter Client ID and an X next to the episode type on Screen AA that you wish to print. Screen BB returns. Select episode(s) you wish to print on screen BB.



[illegible]

XIII. CHILDREN IN SUBSTITUTE CARE AND KIDS SCREENS

99/99/99 12: 53: 04	Human Services Reporting System CSC/KIDS/ADOPTIONS Menu	xxxxxxx PW0803																		
HSRS ENTRY MENU																				
<table border="0"> <tr> <td colspan="2" style="text-align: center;">CSC</td> <td style="text-align: center;">KIDS</td> </tr> <tr> <td>25 - CSC REGISTRATION</td> <td>NEW</td> <td>63 - CHILD SUPPORT DATA</td> </tr> <tr> <td>26 - CSC REGISTRATION</td> <td>E/U</td> <td>64 - PARENT REGISTRATION</td> </tr> <tr> <td>28 - CSC ONGOING FISCAL INFO</td> <td>N/U</td> <td>65 - EMPLOYER/INSURANCE</td> </tr> <tr> <td>30 - CSC ACTUAL MONTHLY AMTS</td> <td>N/U</td> <td>66 - GOOD CAUSE/COURT ORDER</td> </tr> <tr> <td>32 - CSC REFUND BY MOD KEY</td> <td>N/U</td> <td></td> </tr> </table>			CSC		KIDS	25 - CSC REGISTRATION	NEW	63 - CHILD SUPPORT DATA	26 - CSC REGISTRATION	E/U	64 - PARENT REGISTRATION	28 - CSC ONGOING FISCAL INFO	N/U	65 - EMPLOYER/INSURANCE	30 - CSC ACTUAL MONTHLY AMTS	N/U	66 - GOOD CAUSE/COURT ORDER	32 - CSC REFUND BY MOD KEY	N/U	
CSC		KIDS																		
25 - CSC REGISTRATION	NEW	63 - CHILD SUPPORT DATA																		
26 - CSC REGISTRATION	E/U	64 - PARENT REGISTRATION																		
28 - CSC ONGOING FISCAL INFO	N/U	65 - EMPLOYER/INSURANCE																		
30 - CSC ACTUAL MONTHLY AMTS	N/U	66 - GOOD CAUSE/COURT ORDER																		
32 - CSC REFUND BY MOD KEY	N/U																			
ADOPTIONS																				
B1 - ADOPTIONS REGISTRATION N/U/I																				
B2 - ADOPTIONS FINALIZATION N/U/I																				
MAKE SELECTION AND PRESS ENTER: ____																				
Depress PF10 to return to HSRS Main Menu																				

CSC MENU

Children in Substitute Care

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td style="text-align: center;">CORE</td> <td style="text-align: center;">FAMILY SUPPORT</td> </tr> <tr> <td>81 - CLIENT REGISTRATION</td> <td>94 - FSP REGISTRATION</td> </tr> <tr> <td>86 - CORE SERVICES</td> <td>96 - FSP SERVICES</td> </tr> <tr> <td></td> <td>98 - SERVICES EXPENDITURES</td> </tr> <tr> <td style="text-align: center;">CSC</td> <td style="text-align: center;">AODA</td> </tr> <tr> <td>33 - CSC PAYMENTS</td> <td>A3 - AODA REGISTRATION</td> </tr> <tr> <td>37 - CSC HISTORY</td> <td>A5 - AODA SERVICES</td> </tr> <tr> <td>86 - CSC SERVICES</td> <td style="text-align: center;">ADOPTIONS</td> </tr> <tr> <td>88 - CSC REGISTRATION + FISCAL</td> <td>B1 - ADOPTIONS REGISTRATION</td> </tr> <tr> <td style="text-align: center;">LTS</td> <td>B2 - ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1 - LTS REGISTRATION</td> <td style="text-align: center;">SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2 - LTS SERVICES</td> <td>S1 - SE REGISTRATION</td> </tr> <tr> <td>L3 - LTS MULTIPLE SERVICES/COSTS</td> <td>S2 - SE JOB INFORMATION</td> </tr> <tr> <td style="text-align: center;">MENTAL HEALTH</td> <td>S3 - 1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1 - MH REGISTRATION</td> <td style="text-align: center;">BIRTH TO THREE</td> </tr> <tr> <td>M2 - MH SERVICES</td> <td>68 - BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4 - CONSUMER STATUS</td> <td>69 - BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	81 - CLIENT REGISTRATION	94 - FSP REGISTRATION	86 - CORE SERVICES	96 - FSP SERVICES		98 - SERVICES EXPENDITURES	CSC	AODA	33 - CSC PAYMENTS	A3 - AODA REGISTRATION	37 - CSC HISTORY	A5 - AODA SERVICES	86 - CSC SERVICES	ADOPTIONS	88 - CSC REGISTRATION + FISCAL	B1 - ADOPTIONS REGISTRATION	LTS	B2 - ADOPTIONS FINALIZATION	L1 - LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2 - LTS SERVICES	S1 - SE REGISTRATION	L3 - LTS MULTIPLE SERVICES/COSTS	S2 - SE JOB INFORMATION	MENTAL HEALTH	S3 - 1 MONTH SEMI-ANNUAL REPORT	M1 - MH REGISTRATION	BIRTH TO THREE	M2 - MH SERVICES	68 - BIRTH TO THREE REGISTRATION	M4 - CONSUMER STATUS	69 - BIRTH TO THREE SERVICES
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MAKE SELECTION AND PRESS ENTER: ____																																				
PF10 - MAIN MENU																																				

INQUIRY MENU

99/99/99  
12:54:45

Human Services Reporting System  
CHILDREN IN SUBSTITUTE CARE REGISTRATION

xxxxxxx  
PW0825A

SCREEN 25(A) TRANS TYPE N

SSN\* \_\_\_\_\_ CLIENT ID \_\_\_\_\_ WORKER ID\* \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SUFF \_\_\_\_\_  
BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_ HISP(Y/N) \_\_\_\_ RACE \_\_\_\_\_ CLT CHAR \_\_\_\_

PERM PLAN \_\_\_\_\_ TARGET POP \_\_\_\_\_ LEGAL STATUS \_\_\_\_\_  
INIT PLACE DATE \_\_\_\_\_ TYPE OF PLACE \_\_\_\_\_ PROVIDER ID \_\_\_\_\_  
PLACE END DATE\* \_\_\_\_\_ END REASON\* \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_ FFP \_\_\_\_\_ COST OF CARE \_\_\_\_\_  
KINSHIP CARE \_\_\_\_\_ EVER ADOPTED? \_\_\_\_\_ AGE AT ADOPTION \_\_\_\_\_  
LAST REVIEW DATE \_\_\_\_\_ LAST DISP HEARING DATE \_\_\_\_\_

\* \*

LEGAL ST EXP DATE \_\_\_\_\_ CRT REP DUE DATE \_\_\_\_\_ CRT WARN DATE \_\_\_\_\_

\* denotes Optionals

Press ENTER for page B of Screen 25, DO NOT USE PF KEYS ON THIS PAGE

SCREEN 25A

CHILDREN IN SUBSTITUTE CARE REGISTRATION - NEW

Use to register new clients in the Substitute Care Module. If the client is already on HSRS, use client ID.

NOTES

Do NOT use (P)F keys on this screen.

Pressing enter transfers you to screen 25B without creating an episode. The episode key is created on Screen 25B after editing of both screens is completed.

99/99/99  
12: 56: 31

Human Services Reporting System  
CHILDREN IN SUBSTITUTE CARE REGISTRATION

xxxxxxx  
PW0825B

SCREEN 25(B) TRANS TYPE N

CHILD'S DISABILITY (Y/N): MENTAL \_ VIS/HEAR \_ PHYSICAL \_ EMOTIONAL \_ OTHER \_

REASONS FOR REMOVAL (Y/N): PHYS ABUSE \_ SEXUAL ABUSE \_ NEGLECT \_  
ALCOHOL ABUSE (P) \_ DRUG ABUSE (P) \_ ALCOHOL ABUSE (C) \_ DRUG ABUSE (C) \_  
CHILD DISABILITY \_ CHILD BEHAVIOR \_ DEATH OF PARENT \_ PARENT JAILED \_  
INABILITY TO COPE \_ ABANDONMENT \_ RELINQUISHMENT \_ INADQT HOUSING \_

CARETAKER FAMILY STRUCTURE \_ 1ST CARETAKER YOB \_\_\_\_ 2ND CARETAKER YOB \_\_\_\_

DATE OF PARENTAL RIGHTS TERMINATION OR DATE OF PARENT(S) DEATH  
MOTHER \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FATHER \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SOURCES OF SUPPORT (Y/N):

TITLE IV-A N TITLE IV-D \_ TITLE XIX \_ SSI OR OTHER SOC SEC \_

PRINT \_

PF3 - CSC MENU PF5 - PRINT  
PF9 - REFRESH SCREEN PF10 - MAIN MENU

SCREEN 25B

NOTES

If a (P)F key was mistakenly used on 25A, use the ENTER key on 25B to exit.

If a (P)F key was used on both 25A and 25B, one of the following messages will appear: PROGRAM  
FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE or INPUT MUST BEGIN FROM FIRST  
PHYSICAL PAGE. Press CLEAR (or PAUSE) key and reenter /for w0800o1.

The system moves back and forth between Screens 25A and 25B until both screens have edited all of the  
information and it is correct.

When both screens 25A and 25B have been successfully entered, it will transfer to the KIDS Interface  
Screen 63.

The print field on Screen 25B will print both Screens 25A and 25B.

99/99/99  
12: 58: 34

Human Services Reporting System  
CHILDREN IN SUBSTITUTE CARE REGISTRATION

xxxxxxx  
PW0826A

SCREEN 26(A) TRANS TYPE \_ (U/E)

CHANGE DATE\* \_\_\_\_\_

SSN\* \_\_\_\_\_

CLIENT ID\* \_\_\_\_\_

MODULE KEY \_\_\_\_\_

WORKER ID\* \_\_\_\_\_

LAST NAME\* \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SEX \_

HISP(Y/N) \_

FIRST \_\_\_\_\_

RACE \_\_\_\_\_

MI \_

SUFF \_\_\_\_\_

CL CHAR \_\_\_\_

PERM PLAN \_\_\_\_\_

INIT PLACE DATE \_\_\_\_\_

PLACE END DATE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

KINSHIP CARE \_\_\_\_\_

LAST REVIEW DATE \_\_\_\_\_

TARGET POP \_\_\_\_\_

TYPE OF PLACE \_\_\_\_\_

END REASON \_\_\_\_\_

FFP \_\_\_\_\_

EVER ADOPTED? \_\_\_\_\_

LAST DISP HEARING DATE \_\_\_\_\_

LEGAL STATUS \_\_\_\_\_

PROVIDER ID \_\_\_\_\_

TRANS AGENCY \_\_\_\_\_

COST OF CARE \_\_\_\_\_

AGE AT ADOPTION \_\_\_\_\_

\* \* \* \* \* OPTIONAL ELEMENTS \* \* \* \* \*

LEGAL ST EXP DATE \_\_\_\_\_

CRT REP DUE DATE \_\_\_\_\_

CRT WARN DATE \_\_\_\_\_

\* denotes Optionals

Press ENTER for page B of Screen 26, DO NOT USE PF KEYS ON THIS PAGE

SCREEN 26A CHILDREN IN SUBSTITUTE CARE REGISTRATION - UPDATE/ERROR CORRECT

Use to correct or update registration information for existing CSC clients.

U = Update - Update old information, and add additional information to a case already on the system.

E = Error Correction - Correct errors entered on the system previously. Use to zero out Placement End Date and Reason (except for cases transferred to another agency).

NOTES

Change Date is required for changes in Permanency Plan, Legal Status, Type of Placement, Provider ID, FFP and/or the Cost of Care Indicator for proper tracking of children in substitute care.

If error correcting (E) current information (not historical data), enter 999999 in the Change Date.

Do NOT use (P)F keys on this screen.

Pressing ENTER transfers you to Screen 26B.

99/99/99  
12: 59: 56

Human Services Reporting System  
CHILDREN IN SUBSTITUTE CARE REGISTRATION

xxxxxxx  
PW0826B

SCREEN 26(B)

CHILD'S DISABILITY (Y/N): MENTAL \_ VIS/HEAR \_ PHYSICAL \_ EMOTIONAL \_ OTHER \_

REASONS FOR REMOVAL (Y/N): PHYS ABUSE \_ SEXUAL ABUSE \_ NEGLECT \_  
ALCOHOL ABUSE (P) \_ DRUG ABUSE (P) \_ ALCOHOL ABUSE (C) \_ DRUG ABUSE (C) \_  
CHILD DISABILITY \_ CHILD BEHAVIOR \_ DEATH OF PARENT \_ PARENT JAILED \_  
INABILITY TO COPE \_ ABANDONMENT \_ RELINQUISHMENT \_ INADQT HOUSING \_

CARETAKER FAMILY STRUCTURE \_ 1ST CARETAKER YOB \_\_\_\_ 2ND CARETAKER YOB \_\_\_\_

DATE OF PARENTAL RIGHTS TERMINATION OR DATE OF PARENT(S) DEATH  
MOTHER \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FATHER \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SOURCES OF SUPPORT (Y/N):

TITLE IV-A N TITLE IV-D \_ TITLE XIX \_ SSI OR OTHER \_

PRINT \_

NEXT SCREEN \_\_\_\_

PF3 - CSC MENU

PF5 - PRINT

PF8 - CLIENT PRINT

PF9 - REFRESH SCREEN

PF10 - MAIN MENU

SCREEN 26B

NOTES

If a (P)F key was mistakenly used on 26A, use the ENTER key on Screen 26B to exit.

If a (P)F key was used on both 26A and 26B, one of the following messages will appear: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE or INPUT MUST BEGIN FROM FIRST PHYSICAL PAGE. Press the CLEAR (or PAUSE) key and reenter /for w0800o1.

The system moves back and forth between Screens 26A and 26B until both screens have edited all of the information and it is correct.

The print field on Screen 26B will print both Screens 26A and 26B.

## PROCEDURE FOR HANDLING CSC CASES THAT TRANSFER TO A WISACWIS COUNTY

There is a change in the procedure for handling CSC cases that transfer to another Reporting Unit (RU) if that RU is on WiSACWIS. This currently includes all State Region/District Offices, and Lafayette, Milwaukee, Sheboygan and Waushara Counties. Other counties will be included as they come up on WiSACWIS. You will know that an RU is on WiSACWIS because HSRS will not allow you to transfer the child to that RU.

Procedures for CSC Clients Transferring to an RU that uses WiSACWIS instead of HSRS for CSC reporting:

1. Update the Cost of Care Indicator to a 07 (FH Accepts no payment) as of the date they are going to the WiSACWIS RU.
2. Close the client as of the date they are transferring with a Closing Reason 99 (new code meaning they are transferring to a WiSACWIS RU).

If the client comes back to your RU at a later date, you should do the following:

1. On Screen 26, Transaction Code E, zero out of the End Date and End Reason of your original episode. This will open the episode back up. If you cannot open your old episode, it probably means the episode was transferred to the other RU instead of being closed by the above instructions. Call the SOS Desk to resolve the problem at 608-266-9198.
2. On Screen 26, Transaction code U, Change Date: the date they were originally transferred to the WiSACWIS RU, Provider #2299999999. This will create a placement in your episode, showing the time they were at the WiSACWIS RU.
3. On Screen 26, Transaction Code U, Change Date: the date they came back to your RU, the Provider Number they are at and Cost of Care Indicator to whatever is correct. This will get the child in the proper placement with the proper Cost of Care.

99/99/99  
13: 03: 26

Human Services Reporting System  
CSC ONGOING FISCAL INFORMATION

xxxxxxx  
PW0828

SCREEN 28 TRANS TYPE \_ (N/U)  
CHANGE DATE\* \_\_\_\_\_

MODULE KEY\* \_\_\_\_\_  
WORKER ID\* \_\_\_\_\_

CLIENT ID\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST NAME\* \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_ SUFF \_\_\_\_\_  
BIRTHDATE\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX\* \_\_\_\_\_

SUPPLMENTL PTS \_\_\_\_\_  
EXCEPT PAYMENT \_\_\_\_\_

PROVIDER \_\_\_\_\_

INIT CLOTH ALLOW \_\_\_\_ \_ DATE PAID \_\_\_\_\_

\* denotes Optionals

PF3 - CSC MENU  
PF9 - REFRESH SCREEN

PF5 - PRINT  
PF10 - MAIN MENU

NEXT SCREEN \_\_\_\_  
PF8 - CLIENT PRINT

SCREEN 28

CSC ONGOING FISCAL INFORMATION - NEW/UPDATE

Use to enter and update fiscal information.

NOTES

Entries on this screen remain in effect until changed or corrected. They are automatically generated and used on the fiscal listings.

TRANS TYPE - The transaction types are N = new and U = update.

- N - Enter new supplemental points or exceptional payments or revise them with a new Change Date. Any previous entries remain in effect up to that date.
- N - Add a new clothing allowance on the new Date Paid.
- U - Correct erroneous supplemental points or exceptional payments. Use the same Change Date that was keyed when these amounts were originally entered.
- U - Correct a previously entered clothing allowance payment. Use the same Date Paid that was keyed when the amount was originally entered.

SUPPLEMENTAL PTS - Entries made on this screen will be effective on the Initial Placement Date or as of a subsequent date entered as a Change Date.

EXCEPT PAYMENTS - Exceptional Payment has four whole dollar places and two cents places with an implied decimal. Entries right justify within dollars and cents individually.

PROVIDER - Provider need not be entered unless an Initial Clothing Allowance is entered.

INT CLOTH ALLOW - The Initial Clothing Allowance has three whole dollar places and two cents places with an implied decimal. Entries right-justify with dollars and cents individually. One total sum may be entered. However if sums are disbursed over a period of time, the individual sums should be entered and will be accumulated to a single total within the database.

DATE PAID - Enter only if an Initial Clothing Allowance has been entered.



99/99/99 13:05:47		Human Services Reporting System CSC ACTUAL MONTHLY AMOUNTS BY MODULE KEY				xxxxxxx PW0830	
SCREEN 30 TRANS TYPE N/U _		REPORT MM/YYYY: _ _					
MODULE KEY	MM/YYYY*	SUPPLE- MENTAL	EXCEP- TIONAL	INIT CLOTH	ADDITIONAL	PROVIDER	
_____	__ __	__ __	__ __	__ __	__ __	_____	
_____	__ __	__ __	__ __	__ __	__ __	_____	
_____	__ __	__ __	__ __	__ __	__ __	_____	
_____	__ __	__ __	__ __	__ __	__ __	_____	
_____	__ __	__ __	__ __	__ __	__ __	_____	
_____	__ __	__ __	__ __	__ __	__ __	_____	
* Optional Entry PF3 - CSC MENU		PF5 - PRINT	NEXT SCREEN PF9 - REFRESH SCREEN		SELECT LINE* PF10 - MAIN MENU		

SCREEN 30 CSC ACTUAL MONTHLY AMOUNTS BY MODULE KEY - NEW/UPDATE

Use to enter actual amounts expended in the various categories shown, or to override amounts generated from entries on Screen 28 and shown on the preliminary fiscal listing. Entries made on Screen 30 will override the entries on Screen 28 for that one month only. Several clients may be entered on one screen.

NOTES

Entries on this screen appear only once on the fiscal listing for a particular report month (i.e., they do not carry forward to future months). Therefore, actual amounts must be entered for each month, unless the entries made are to override Screen 28 entries for a particular month.

TRANS TYPE - The transaction types are N = New and U = Update. The U transaction is used only for corrections to previously entered data.

REPORT MM/YYYY - The month and year for which the reporting is being done. Example: Reporting for May 1999 is done in June so report month and year would be 05-99.

MODULE KEY - The key which identifies the period of substitute care for the child for whom you are entering fiscal information. Found on the preliminary fiscal listing, or other CSC module lists.

When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

SCREEN 30                      CSC ACTUAL MONTHLY AMOUNTS BY MODULE KEY - NEW/UPDATE  
(continued)

MM/YYYY -                      Enter a month and year only if the time period for money entries is different than the date entered at the top of the screen.

SUPPLEMENTAL, EXCEPTIONAL, INITIAL CLOTHING - Enter actual amounts expended for the child in any of these categories during the report month or other month entered.

ADDITIONAL -                      Enter only the amount here to add to a final incorrect amount entered for a previous month. In most cases, this will be the basic amount paid (total or prorated) for that month. Do not enter amounts for group home or CCI placements. These will be generated automatically from other information entered.

PROVIDER -                      The provider where the child was located during the period of care being reported.

NEXT SCREEN -                      If used for Screen 32, will carry over pertinent information to that screen.

Incorrect amounts already on the data base can be changed or zeroed out on Screen 30U using the module key and the month and year if originally entered on Screen 30N.

99/99/99  
13:07:19

Human Services Reporting System  
CSC REFUND BY MODULE KEY

xxxxxxx  
PW0832

SCREEN 32 TRANS TYPE N/U \_ REPORT MM/YYYY: \_ \_

MODULE KEY	FFP IND	PROVIDER NUMBER	REFUND AMOUNT (-)	REFUND SOURCE
---------------	------------	--------------------	----------------------	------------------

_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____
_____	-	_____	_____	_____

\* Optional Entry  
PF3 - CSC MENU

PF5 - PRINT

NEXT SCREEN \_  
PF9 - REFRESH SCREEN

SELECT LINE\*  
PF10 - MAIN SCREEN

SCREEN 32

CSC REFUND BY MODULE KEY - NEW/UPDATE

User to enter actual amounts received to offset the cost of the child's care. Several clients may be entered on one screen.

NOTES

TRANS TYPE, REPORT MONTH/YEAR, AND MODULE KEY are the same as the definitions given for Screen 30.

FFP IND must be entered and is the FFP status of the child at the time for which the refund is being paid.

The PROVIDER NUMBER must be entered and must be a provider where the child was placed during the episode entered on the line (MODULE KEY).

REFUND AMOUNT - Use an N transaction type to enter any amounts received during the month to offset the costs of the child's care. The amount(s) should equal the total received from each source. Multiple entries for a child are allowed if each source code entry is different.

REFUND SOURCE - A refund source code must be entered for each amount. The code describes the source of the money refunded or collected. See the HSRS Children In Substitute Care Deskcard for acceptable codes.

To correct or zero out a refund amount use trans type U. Enter the Month/Year, module key, provider number and refund source of the original entry along with the new refund amount.

To change a refund source first follow the instructions above to change the existing refund to zero. Then reenter the refund using an N transaction and the correct refund.

99/99/99 13: 20: 40	Human Services Reporting System CSC PAYMENT INQUIRY	xxxxxxx PW0833								
SCREEN 33										
Access Method										
1) MODULE KEY: _____ or										
2) CLIENT ID : _____ CSC PLC DT: _____ (optional)										
Type of Payment (select only one, with an X)										
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">- SCR 28 Supplemental Payments</td> <td style="width: 50%;">- Initial Clothing Payments</td> </tr> <tr> <td>- SCR 30 Supplemental Payments</td> <td>- SCR 30 Additional Payments</td> </tr> <tr> <td>- SCR 28 Exceptional Payments</td> <td>- SCR 32 Refund Payments</td> </tr> <tr> <td>- SCR 30 Exceptional Payments</td> <td>- System Calculated Monthly Totals</td> </tr> </table>			- SCR 28 Supplemental Payments	- Initial Clothing Payments	- SCR 30 Supplemental Payments	- SCR 30 Additional Payments	- SCR 28 Exceptional Payments	- SCR 32 Refund Payments	- SCR 30 Exceptional Payments	- System Calculated Monthly Totals
- SCR 28 Supplemental Payments	- Initial Clothing Payments									
- SCR 30 Supplemental Payments	- SCR 30 Additional Payments									
- SCR 28 Exceptional Payments	- SCR 32 Refund Payments									
- SCR 30 Exceptional Payments	- System Calculated Monthly Totals									
Depress ENTER - Process Query										
PF2 - INQUIRY MENU    PF9 - REFRESH SCREEN    PF10 - MAIN MENU										

99/99/99 13: 22: 19	Human Services Reporting System CSC PAYMENT INQUIRY Payments for Module _____	xxxxxxx PW0834																								
SCREEN 34																										
CLIENT ID _____ NAME _____																										
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">PAYMENT DATE</td> <td style="width: 25%;">AMOUNT</td> <td style="width: 25%;">TRANS DATE</td> <td style="width: 25%;">PROVIDER ID</td> </tr> <tr> <td>- _____</td> <td>_____</td> <td>- _____</td> <td>_____</td> </tr> <tr> <td>- _____</td> <td>_____</td> <td>- _____</td> <td>_____</td> </tr> <tr> <td>- _____</td> <td>_____</td> <td>- _____</td> <td>_____</td> </tr> <tr> <td>- _____</td> <td>_____</td> <td>- _____</td> <td>_____</td> </tr> <tr> <td>- _____</td> <td>_____</td> <td>- _____</td> <td>_____</td> </tr> </table>			PAYMENT DATE	AMOUNT	TRANS DATE	PROVIDER ID	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____	- _____	_____
PAYMENT DATE	AMOUNT	TRANS DATE	PROVIDER ID																							
- _____	_____	- _____	_____																							
- _____	_____	- _____	_____																							
- _____	_____	- _____	_____																							
- _____	_____	- _____	_____																							
- _____	_____	- _____	_____																							
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">PF2 - INQUIRY MENU</td> <td style="width: 33%;">PF5 - PRINT</td> <td style="width: 33%;">PF9 - REFRESH SCREEN</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">NEXT SCREEN _____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">PF10 - MAIN MENU</td> </tr> </table>			PF2 - INQUIRY MENU	PF5 - PRINT	PF9 - REFRESH SCREEN			NEXT SCREEN _____			PF10 - MAIN MENU															
PF2 - INQUIRY MENU	PF5 - PRINT	PF9 - REFRESH SCREEN																								
		NEXT SCREEN _____																								
		PF10 - MAIN MENU																								

SCREEN 33                      CSC PAYMENT INQUIRY  
SCREEN 34

Use to access all fiscal information entered on the CSC Module for a child in substitute care.

#### NOTES

Enter the Module Key or Client ID and select a Type of Payment with an X. Press enter to bring up the selected information on Screen 34.

The CSC Placement Date may be entered with the Client ID if you wish to access a specific episode of care and do not know the Module Key.

Each Screen 34 is headed with the Type of Payment. The payments are displayed with the most current date first.

SCREEN 34                      CSC PAYMENT INQUIRY (continued)

PAYMENT DATE -            The date the payment became effective and is used to correct entries for that date if necessary.

AMOUNT -                    The amount which was entered on or calculated from the screen shown in the heading.

TRANSACTION DATE-        The date the information was keyed into the system or the date the system calculated the amount.

PROVIDER ID -              The provider the payment or refund was credited to.

REFUND SOURCE -            The refund source is displayed only on the screen showing refund information.

99/99/99  
13:26:10

Human Services Reporting System  
CSC HISTORY INQUIRY

xxxxxxx  
PW0837

SCREEN 37

MODULE KEY: \_\_\_\_\_

Type of History (select only one, with an X)

- |   |   |
|---|---|
| <input type="checkbox"/> Legal Status   | <input type="checkbox"/> Cost of Care Indicator |
| <input type="checkbox"/> FFP Indicator  | <input type="checkbox"/> Type of Placement      |
| <input type="checkbox"/> Perm Plan Code |   |

Depress ENTER - Process Query

PF2 - INQUIRY MENU    PF9 - REFRESH SCREEN    PF10 - MAIN MENU

99/99/99  
13:27:54

Human Services Reporting System  
CSC HISTORY INQUIRY

xxxxxxx  
PW0838

SCREEN 38

CLIENT ID \_\_\_\_\_ NAME \_\_\_\_\_

START DATE    END DATE    \_\_\_\_\_

<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PF5 - PRINT    PF6 - REFRESH QUERY    PF9 - NEW QUERY    PF10 - MAIN MENU    NEXT SCREEN \_\_\_\_\_

SCREEN 37  
SCREEN 38

CSC HISTORY INQUIRY

Use to access specific history information entered on the CSC Module for a child in substitute care.

NOTES

Enter the Module Key and select a Type of History with an X on Screen 37. Press ENTER to bring up the selected information on Screen 38. Each Screen 38 is headed with the type of history.

# KIDS SCREENS

SCREENS 63 CHILD SUPPORT DATA N/U/I  
 64 PARENT REGISTRATION N/U/I  
 65 EMPLOYER/INSURANCE N/U/I  
 66 GOOD CAUSE/COURT ORDER N/U/I

Appears automatically when a child is registered in the Substitute Care Module using Screen 25. Screens 64-66 are repeated a second time for entry of the second parent information. Enter the required information, and as much optional information as is available.

Inquiries or updates may be done by entering the Client ID for Screen 63, and the Client ID and the Parent Number for Screen 64, 65, and 66.

99/99/99 13: 29: 50	Human Services Reporting System CHILD SUPPORT DATA		xxxxxxx PW0863
SCREEN 63	MODULE KEY _____		
CHILDS NAME _____ KIDS PIN _____	CLIENT ID _____		
REFERRAL CSA _____ CURRENT MARITAL STATUS _____ COUNTY _____	NON- REF REAS _____ DATE _____ CITY _____	PATERNITY EST _____ STATE _____	
***** CHILD PERMANENT ADDRESS *****			
STREET 1 _____ STREET 2 _____ STATE _____ COUNTRY _____	ZIP _____	APT _____ CITY _____	
CHILD LIVING WITH PARENT _____			
PFKEYS below must be used for inquiry / update ONLY			
PF3 - CSC MENU	PF5 - PRINT	PF9 - REFRESH SCREEN	PF10 - MAIN MENU

99/99/99 13: 31: 16 SCREEN 64	Human Services Reporting System PARENT REGISTRATION		xxxxxxx PW0864
PARENT NO _____ CHILD NAME _____	CLIENT ID _____		KIDS PIN _____
SSN _____ LAST NAME _____ FIRST _____ FAMILY ROLE _____ BIRTHDATE _____ / _____ / _____ STREET 1 _____ STREET 2 _____ STATE _____ COUNTRY _____	MIDDLE _____ SEX _____ ZIP _____	SUFF _____ HI SP(Y/N) _____ APT _____ CITY _____ PHONE _____ ADDR TYPE _____ (M/R/B)	RACE _____
PFKEYS below must be used for Inquiry/Update only			
PF3 - CSC MENU	PF5 - PRINT	PF9 - REFRESH SCREEN	PF10 - MAIN MENU

KIDS SCREENS -continued

99/99/99 13:32:45 SCREEN 65	Human Services Reporting System EMPLOYER/INSURANCE SCREEN	xxxxxxx PW0865
PARENT NUMBER _	CLIENT ID _____	
CHILDS NAME _____		
KIDS PIN _____		
PARENT NAME _____		
***** EMPLOYER *****		
NAME _____		
STREET 1 _____		
STREET 2 _____		
CITY _____	STATE _____	
COUNTRY _____	ZIP _____	
***** HEALTH INSURANCE *****		
HEALTH INSURANCE PROVIDED FOR CHILD _ (Y/N)		
CARRIER NAME _____		
POLICY NUMBER _____	GROUP NUMBER _____	
PFKEYS below must be used for Inquiry/Update only		
PF3 - CSC MENU	PF5 - PRINT	PF9 - REFRESH SCREEN      PF10 - MAIN MENU

99/99/99 13:34:08 SCREEN 66	Human Services Reporting System GOOD CAUSE/COURT ORDER SCREEN	xxxxxxx PW0866
PARENT NUMBER _	CLIENT ID _____	
CHILDS NAME _____		
KIDS PIN NUMBER _____		
PARENT NAME _____	FIRST _____	
***** GOOD CAUSE INFO *****		
CSA COOP _____		
CLAIMED DATE* _____	GRNTD REAS* _	GRNTD DATE* _____ END DATE* _____
***** COURT ORDER *****		
COURT CASE # _____	COURT ORDER DATE _____	
ORDER COUNTY _____	CITY _____	STATE _____
PLACE OF PAYMENT: _ (C/F/D)		
DEBT TYPE (CS/FS) _____	SUPPORT AMOUNT _____	PCT% _____
PAYMENT FREQ _____	DUE DATE _____	
LAST PAYMENT AMT _____	LAST PAYMENT DATE _____	
ARREARAGE AMOUNT _____		
PFKEYS below must be used for inquiry / update only		
PF3 - CSC MENU	PF5 - PRINT	PF9 - REFRESH SCREEN      PF10 - MAIN MENU



99/99/99  
13:37:16

Human Services Reporting System  
CSC INQUIRY

XXXXXXX  
PW0888

SCREEN 88

Access Method

- 1) MODULE KEY: \_\_\_\_\_ or  
2) CLIENT ID : \_\_\_\_\_  
CSC PLC DT: \_\_\_\_\_ (Optional)

NEXT SCREEN: \_\_\_\_

Depress ENTER - Process Query

PF2 - INQUIRY MENU PF5 - PRINT PF9 - REFRESH SCREEN PF10 - MAIN MENU

99/99/99  
13:39:13

Human Services Reporting System  
CSC REGISTRATION AND FISCAL INFO INQUIRY

XXXXXXX  
PW0889A

SCREEN 89(A)  
SSN \_\_\_\_\_

CLIENT ID \_\_\_\_\_

MODULE KEY 05/15/03  
WORKER ID \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ SUFF \_\_\_\_\_  
BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_ HI SP(Y/N) \_\_\_\_ RACE \_\_\_\_\_ CL CHAR \_\_\_\_

PERM PLAN _____	TARGET POP _____	LEGAL STATUS _____
INIT PLACE DATE _____	TYPE OF PLACE _____	PROVIDER ID _____
PLACE END DATE _____	END REASON _____	SCHOOL DIST _____
KINSHIP CARE _____	EVER ADOPTED? _____	AGE AT ADOPTION _____
LAST REVIEW DATE _____	LAST DISP HEARING DATE _____	
LEGAL ST EXP DATE _____	CRT REP DUE DATE _____	CRT WARN DATE _____

\* \* \* FISCAL DATA AS OF MONTH \_\_\_\_ FOR PROVIDER \_\_\_\_\_ \* \* \* \* \*

FFP INDICATOR _____	COST OF CARE IND _____
SUPPLMENTL AMT _____	EXCEPT PAYMENT _____
TOTAL AMOUNT _____	
INIT CLOTH ALLOW _____	DATE PAID _____

Press ENTER for page B of screen 89

SCREEN 88  
SCREEN 89A

CSC REGISTRATION AND FISCAL INFORMATION INQUIRY

Enter Module Key OR Client ID to retrieve current CSC registration and fiscal information that exists for the client (will appear on Screen 89A & B). There is a faster response using the Module Key.

CSC Placement Date (CSC PLC DT) does not have to be entered to view the last or current placement. However, it must be entered to view previous placements unless you use the Module Key.

Substitute care service (SPCs, 203 Foster Homes, 204 Group Home, and 504 Child Caring Institution) and dates can be viewed by entering the Module Key on Screen 86.

Do NOT use (P)F keys on this screen.

Pressing ENTER transfers you to Screen 89B.

99/99/99  
13:41:03

Human Services Reporting System  
CSC REGISTRATION AND FISCAL INFO INQUIRY

xxxxxxx  
PW0889B

SCREEN 89(B)

CHILD'S DISABILITY(Y/N): MENTAL \_ VIS/HEAR \_ PHYSICAL \_ EMOTIONAL \_ OTHER \_

REASONS FOR REMOVAL(Y/N): PHYS ABUSE \_ SEXUAL ABUSE \_ NEGLECT \_  
ALCOHOL ABUSE (P) \_ DRUG ABUSE (P) \_ ALCOHOL ABUSE (C) \_ DRUG ABUSE (C) \_  
CHILD DISABILITY \_ CHILD BEHAVIOR \_ DEATH OF PARENT \_ PARENT JAILED \_  
INABILITY TO COPE \_ ABANDONMENT \_ RELINQUISHMENT \_ INADQT HOUSING \_

CARETAKER FAMILY STRUCTURE \_ 1ST CARETAKER YOB \_\_\_\_ 2ND CARETAKER YOB \_\_\_\_

DATE OF PARENTAL RIGHTS TERMINATION OR DATE OF PARENT(S) DEATH  
MOTHER \_\_ / \_\_ / \_\_\_\_ FATHER \_\_ / \_\_ / \_\_\_\_

SOURCES OF SUPPORT (Y/N):

TITLE IV-A \_ TITLE IV-D \_ TITLE XIX \_ SSI OR OTHER SOC SEC \_  
NEXT SCREEN \_

PF3 - CSC MENU PF5 - PRINT  
PF9 - CSC INQUIRY PF10 - MAIN MENU

SCREEN 89B

NOTES:

If a (P)F key was mistakenly used on 89A, use the ENTER key on Screen 89B to exit.

If a (P)F key was used on both 89A and 89B, one of the following messages will appear: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE, or INPUT MUST BEGIN FROM FIRST PHYSICAL PAGE. Press the CLEAR (or PAUSE) key and reenter /for w0800o1.

99/99/99  
13:44:44

Human Services Reporting System  
SERVICES INQUIRY

xxxxxxx  
PW0886

SCREEN 86

EPISODE KEY: \_\_\_\_\_

\*DELVY: \_\_\_\_ AGENCY ID: \_\_\_\_  
MM YYYY

\*\*NEXT SCREEN \_\_\_\_

Depress ENTER - Process Query PF2 - Client Inquiry Menu

PF8 - ID Inquiry PF9 - Episode Inquiry PF10 - Exit

\*Defaults to current year unless keyed differently

\*\*Leave next screen BLANK to select SPC on SCREEN 87

99/99/99  
13:45:59  
SCREEN 87

Human Services Reporting System  
SERVICES INQUIRY

xxxxxxx  
PW0887

CLIENT ID: \_\_\_\_\_ EPISODE CODE: \_\_\_\_\_ MODULE TYPE: \_\_\_\_\_

NAME: \_\_\_\_\_ WORKER ID: \_\_\_\_\_

SEL	PGM	SPC	TAR	UNITS	OTHER	DELVY	SPC*	SPC*	PROVIDER	NEXT*
	NO	CODE	GRP	DAYS*	UNITS*	MM*YYYY	START-DT	END-DT	NUMBER*	REV-DT
							MDDYYYY	MDDYYYY		MM*YYYY
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-

PF2 - INQUIRY MENU PF5 - PRINT PF8 - ID INQUIRY  
PF9 - EPISODE INQUIRY PF10 - EXIT

NEXT SCREEN: \_\_\_\_

SCREEN 86  
SCREEN 87

CSC SERVICES BY EPISODE KEY

Enter CSC Episode Key on Screen 86 to view all substitute care placements entered during the episode on Screen 87 (both active and closed).

XIV. FAMILY SUPPORT PROGRAM SCREENS

99/99/99 11: 07: 43	Human Services Reporting System  Family Support Menu	9999999 PW0809
<p>59- - CLIENT REGISTRATION- NEW  78- - MULTIPLE CLIENT UNITS REPORTING  79- - CLIENT DATA- NEW + UPDATE  84- - CLIENT REGISTRATION- UPDATE  93- - CLIENT SERVICES- NEW + UPDATE</p>		
<p>MAKE SELECTION AND PRESS ENTER: ____</p>		
<p>Depress PF10 to return to HSRS Main Menu</p>		

FAMILY SUPPORT MENU

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802
<p>CORE</p> <p>81- - CLIENT REGISTRATION  86- - CORE SERVICES</p> <p>CSC</p> <p>33- - CSC PAYMENTS  37- - CSC HISTORY  86- - CSC SERVICES  88- - CSC REGISTRATION + FISCAL  LTS</p> <p>L1- - LTS REGISTRATION  L2- - LTS SERVICES  L3- - LTS MULTIPLE SERVICES/COSTS  MENTAL HEALTH</p> <p>M1- - MH REGISTRATION  M2- - MH SERVICES  M4- - CONSUMER STATUS</p>	<p>FAMILY SUPPORT</p> <p>94- - FSP REGISTRATION  96- - FSP SERVICES  98- - SERVICES EXPENDITURES  AODA</p> <p>A3- - AODA REGISTRATION  A5- - AODA SERVICES  ADOPTIONS</p> <p>B1- - ADOPTIONS REGISTRATION  B2- - ADOPTIONS FINALIZATION  SUPPORTED EMPLOYMENT</p> <p>S1- - SE REGISTRATION  S2- - SE JOB INFORMATION  S3- - 1 MONTH SEMI-ANNUAL REPORT  BIRTH TO THREE</p> <p>68- - BIRTH TO THREE REGISTRATION  69- - BIRTH TO THREE SERVICES</p>	
<p>MAKE SELECTION AND PRESS ENTER: ____</p>		
<p>PF10 - MAIN MENU</p>		

INQUIRY MENU

99/99/99	Human Services Reporting System	9999999
05/20/03	Human Services Reporting System	PWR719A
11:09:38	FAMILY SUPPORT REGISTRATION	PW0859
SCREEN 59 TRANS TYPE N		
CLIENT ID: _____	MA NUMBER / SSN: _____	*WORKER ID: _____
LAST NAME: _____	FIRST: _____	MI: _____ SUFF: _____
BIRTHDATE: ____ / ____ / ____	SEX: ____	HISP(Y/N): ____ RACE: _____
MODULE KEY: _____	START DATE: _____	
END DATE : _____	CLOSING REASON: ____	ALT CARE TYPE: ____ (CLOSING REASON 44)
CLIENT CHAR: ____ _	DIAGNOSIS: _____	
PERSONAL CARE: ____	MOBILITY: _____	
VERBAL SKILLS: ____	COGNITIVE ABILITY: ____	
EMOTIONAL / BEHAVIORAL ISSUES: ____		
MEDICAL NEEDS: ____ _		
FAMILY ID: _____	NUMBER OF CAREGIVERS: ____	
ADOPTED CHILD: ____	PARENTS SPECIAL NEEDS: ____ _	
INCOME RANGE: ____	FAMILY COST SHARE: _____	
PF5 - PRINT   PF8 - FSP MENU   PF9 - REFRESH SCREEN   PF10 - MAIN MENU		

SCREEN 59

FAMILY SUPPORT PROGRAM CLIENT REGISTRATION - NEW

Use to enter registration information for new clients, or to reregister a closed client in the Family Support Program Module.

#### NOTES

- NEXT SCREEN - Next Screen is programmed to move to Screen 79. After a successful transaction message, press the PA1 or Page Up key to go to Screen 79.
- REREGISTRATION - When reregistering a Family Support Program client using a valid HSRS ID, the Name/Birthdate/Sex of the client cannot be changed (from its original entry) on this screen. A new episode will be successfully opened, but a message will indicate that you must; USE 92 TO UPD HI FIELDS. (Use Screen 92 to update highlighted fields.)

SCREEN 78

FAMILY SUPPORT PROGRAM UNITS REPORTING

Use to enter costs for several FSP clients/episodes on the same screen.

NOTES

DELIVERY MM/YYYY - Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the middle field - DELIV MM/YYYY. The date entered on the strip will override the date entered at the top of the screen.

EPIISODE - When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

COSTS CODE - A = Add  
S = Subtract  
R = Replace

ACTUAL COSTS - Five whole numbers and two decimal places are provided. The numbers right-justify.

SPC END DT - Enter the SPC End Date only if you wish to close the service.

9999999  
PW0879

PF5 - PRINT      PF8 - FSP MENU      PF9 - REFRESH SCREEN      PF10 - MAIN MENU

99/99/99 11:14:12 SCREEN 84	HUMAN SERVICES REPORTING SYSTEM FAMILY SUPPORT CLIENT INQUIRY - UPDATE	99999999 PW0884
MODULE KEY: _____		
ENTER - PROCESS      PF10 - EXIT		

99/99/99 11:15:29 SCREEN 92	HUMAN SERVICES REPORTING SYSTEM FAMILY SUPPORT CLIENT UPDATE	99999999 PW0892
CLIENT ID: _____ LAST NAME: _____ BIRTHDATE: __ / __ / ____	MA NUMBER / SSN: _____ FIRST: _____ SEX: _	WORKER ID: _____ MI: _____ SUFF: _____ HISP(Y/N): _ RACE: _____
MODULE KEY: _____ END DATE : _____	START DATE: _____ CLOSING REASON: __	ALT CARE TYPE: _____ (CLOSING REASON 44)
CLIENT CHAR: __ __ __ PERSONAL CARE: _ VERBAL SKILLS: _ EMOTIONAL / BEHAVIORAL ISSUES: _ MEDICAL NEEDS: _ _ _ _ _	DIAGNOSIS: _____ MOBILITY: _____ COGNITIVE ABILITY: _	
FAMILY ID: _____ ADOPTED CHILD: _ INCOME RANGE: _	NUMBER OF CAREGIVERS: _ PARENTS SPECIAL NEEDS: _ _ _ FAMILY COST SHARE: _____	
PF5: PRINT      PF8: FSP MENU      PF9: REFRESH	NEXT SCREEN _____ PF10: MAIN MENU	

SCREEN 84  
SCREEN 92

# FAMILY SUPPORT PROGRAM REGISTRATION - INQUIRY/UPDATE

Enter Module Key on Screen 84 and current registration data will be returned on Screen 92.

## NOTES

UPDATE -

Type over or add to existing information and press ENTER to update.  
Zero out unwanted codes in Client Characteristics, Medical Needs, and Parents Special Needs fields.



99/99/99  
11:17:14  
SCREEN 93

Human Services Reporting System  
RECORD EXPENDITURES FOR FAMILY SUPPORT SERVICES

9999999  
PW0893

MODULE KEY: \_\_\_\_\_ NEXT REVIEW DATE: \_\_\_\_\_  
OTHER PGMS USED: AFDC \_ BCPN \_ SSI \_ SSI-E \_ KATIE BECKETT \_ BIRTH - 3 \_  
VOLUNTARY RESOURCES: 1) \_\_\_\_\_ TAR GRP \_  
2) \_\_\_\_\_

PGM NO	SUB PGM	EST* ANNUAL COSTS	COSTS CODE	ACTUAL COSTS	DELVY MM*YYYY	SERV* START DATE	SERV* END DATE	PROVIDER NUMBER*
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—

SUBPROGRAM OTHER TEXT:

\*OPTIONAL DATA FIELD  
PF5 - PRINT PF8 - FSP MENU PF9 - REFRESH SCREEN PF10 - MAIN MENU

SCREEN 93

FAMILY SUPPORT PROGRAM SERVICES - NEW/UPDATE

Use to enter services for a client, update services information for existing clients, or to enter new services to an open or closed episode.

NOTES

OTHER PROGRAMS USED – Only one SSI program can be coded, not both.  
– Will accept numeric codes and the alpha codes of Y (yes) and N (no).

TARGET GROUP - Required when entering a new Subprogram.

PGM NO - Enter Program Number if already generated. Do not use when entering new Subprograms.

SUB PGM - Enter one digit alpha code to generate a new service.

SCREEN 93                      FSP CLIENT SERVICES - NEW AND UPDATE (continued)

EST ANNUAL COSTS - Optional. Four whole number places (no decimal) are provided and the numbers right-justify. That is 550 would be recognized as \$550.

COSTS CODE -                Enter no code when the initial cost entry for the year is made.

A = Add to the amount already entered.  
S = Subtract from the amount already entered.  
R = Replace the amount already entered.

ACTUAL COSTS -            Five whole number and two decimal places are provided. The numbers right-justify. Actual costs are reported annually OR monthly for a given year.

If monthly reporting is begun for a year and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before an annual cost amount can be entered and vice versa.

DELIVERY MM/YYYY - Enter Year only for annual entry. Enter Month and Year for monthly entry.

SUBPROGRAM P -            When doing a subprogram P update, both Program Number and Subprogram P must be entered.

SUBPROGRAM P TEXT -    When adding to or updating Subprogram Text P, you must retype the old information, and type the new information. If you simply add new information, it will replace what was there previously.

99/99/99  
11:19:42  
SCREEN 94

Human Services Reporting System  
FAMILY SUPPORT CLIENT INQUIRY

9999999  
PW0894

MODULE KEY: \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF2 - INQUIRY MENU

PF8 - FSP MENU

PF10 - MAIN MENU

99/99/99  
11:21:05  
SCREEN 95

Human Services Reporting System  
FAMILY SUPPORT CLIENT INQUIRY - PART 1

9999999  
PW0895

CLIENT ID: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
BIRTHDATE: \_\_ / \_\_ / \_\_\_\_

MA NUMBER / SSN: \_\_\_\_\_  
FIRST: \_\_\_\_\_  
SEX: \_

WORKER ID: \_\_\_\_\_  
MI: \_\_\_\_\_ SUFF: \_\_\_\_\_  
HISP(Y/N): \_ RACE: \_\_\_\_\_

MODULE KEY: \_\_\_\_\_  
END DATE : \_\_\_\_\_

START DATE: \_\_\_\_\_  
CLOSING REASON: \_\_ ALT CARE TYPE: \_

FAMILY ID: \_\_\_\_\_  
ADOPTED CHILD: \_\_\_\_\_  
FAMILY COST SHARE: \_\_\_\_\_  
PARENTS SPECIAL NEEDS: \_\_\_\_\_

NUMBER OF CAREGIVERS: \_  
INCOME RANGE: \_

	YEAR	IND	ALT	CARE	TYPE
CHILD RETURNED FROM ALTERNATE CARE :	_____	_____	_____	_____	_____
FAMILY CONSIDERED OUT OF HOME PLACEMENT: -	-	-	-	-	-
FAMILY HAS BEEN IN A CRISIS SITUATION : -	-	-	-	-	-

ALWAYS PRESS ENTER FROM PART 1

SCREEN 95

FAMILY SUPPORT CLIENT INQUIRY - PART 2  
CHILDS CONDITION

PW0895

DIAGNOSIS : \_\_\_\_\_  
CLIENT CHARACTERISTICS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PERSONAL CARE : \_\_\_\_\_  
MOBILITY : \_\_\_\_\_  
VERBAL SKILLS : \_\_\_\_\_  
COGNITIVE ABILITY : \_\_\_\_\_  
EMOTIONL/BEHAVRL ISSUES: \_\_\_\_\_  
MEDICAL NEEDS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PF2 - INQUIRY MENU

PF5 - PRINT

PF6 - ENTRY SCREEN 94

NEXT SCREEN \_\_\_\_  
PF10 - MAIN MENU

SCREEN 94  
SCREEN 95

## FAMILY SUPPORT PROGRAM REGISTRATION INQUIRY

Enter Module Key on Screen 94 to view current FSP registration information on Screen 95 Parts 1 and 2. Information displayed is in the form of worded descriptions rather than codes.

### NOTES

Always press enter on Screen 95 Part 1 to get to Screen 95 Part 2. There are no F keys on Part 1 and if you enter one in error and again enter an F5 key from Part 2, Part 2 will be returned with the message: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE. When this occurs, you cannot F10 out of Part 2. There are two methods that can be used to get out:

1. Press Enter from Part 2 if you have not entered PF5 and received message or,
2. Press Clear and Enter /for w0800o1.

99/99/99  
11:25:02  
SCREEN 96

Human Services Reporting System  
FAMILY SUPPORT SERVICES INQUIRY

9999999  
PW0896

MODULE KEY: \_\_\_\_\_

\*DLVY: MM YYYY  
\*\*NEXT SCREEN: \_\_\_\_

PF8 - FSP MENU    PF9 - FSP SERVICES INQUIRY    PF10 - MAIN MENU  
\*Defaults to current year unless keyed differently  
\*\* Leave Next Screen BLANK to select SPC on Screen 97

99/99/99  
11:26:48  
SCREEN 97

Human Services Reporting System  
FAMILY SUPPORT SERVICES INQUIRY

9999999  
PW0897

WORKER ID: \_\_\_\_\_

CLIENT ID : \_\_\_\_\_

NAME: \_\_\_\_\_

MODULE KEY: \_\_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_

OTHER PGMS USED: AFDC \_ BCPN \_ SSI \_ SSI-E \_ KATIE BECKETT \_ BIRTH - 3 \_  
VOLUNTARY RESOURCES: 1) \_\_\_\_\_

2) \_\_\_\_\_ TAR GRP \_\_\_\_

SEL PGM	PGM NO	SUB PGM	EST ANNUAL COSTS	ACTUAL COSTS	DELVY MM YYYY	SERV START DATE	SERV END DATE	PROVIDER NUMBER
-	-	-	_____	_____	_____	_____	_____	_____
-	-	-	_____	_____	_____	_____	_____	_____
-	-	-	_____	_____	_____	_____	_____	_____
-	-	-	_____	_____	_____	_____	_____	_____

SUBPROGRAM OTHER TEXT: \_\_\_\_\_

TOTAL COSTS \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF5 - PRINT    PF8 - FSP MENU    PF9 - FSP SERVICE INQ ENTRY    PF10 - MAIN MENU

SCREEN 96  
SCREEN 97

FAMILY SUPPORT PROGRAM SERVICES INQUIRY

Enter Module Key on Screen 96 to view all services entered on Screen 97.  
Includes both open and closed services. Entry of Delivery Month and Year will  
cause information for that month/year to be displayed. If no date is entered,  
the current year's information is shown. If only a year is entered, information  
for that year is shown.

99/99/99  
11:31:21

Human Services Reporting System  
EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY

9999999  
PW0898

SCREEN 98

MODULE KEY: \_\_\_\_\_

\*DLVY: MM YYYY

NEXT SCREEN: \_\_\_\_

PF8 - FSP MENU    PF9 - FSP PROGRAM INQUIRY    PF10 - MAIN MENU  
\*Defaults to current year unless keyed differently

99/99/99  
11:32:44

Human Services Reporting System  
EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY

9999999  
PW0899

SCREEN 99

CLIENT ID : \_\_\_\_\_  
MODULE KEY: \_\_\_\_\_

NAME: \_\_\_\_\_  
DLVY: MM YYYY

PGM NO	SUB PGM	SERVICE DESCRIPTION	EST ANNUAL COSTS	ACTUAL COSTS
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____
---	-	_____	_____	_____

TOTAL COSTS: \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF5 - PRINT    PF8 - FSP MENU    PF9 - ENTRY SCREEN    PF10 - MAIN MENU

SCREEN 98  
SCREEN 99

FAMILY SUPPORT PROGRAM SERVICES EXPENDITURES INQUIRY

Enter Module Key on Screen 98 to view service expenditures on Screen 99. Entry of Delivery Month and Year will cause information for that month/year to be displayed. If no date is entered, the current year's information is shown. If only a year is entered, information for that year is shown. Service descriptions rather than codes are displayed.

XV. AODA SCREENS

99/99/99 11:42:17	Human Services Reporting System AODA ENTRY MENU	9999999 PW08A1
SCREEN A1		
A3 - AODA REGISTRATION NEW-UPDATE-INQUIRY A4 - AODA SERVICES NEW-UPDATE A5 - AODA SERVICES INQUIRY REQUEST A7 - AODA MULTIPLE CLIENT UNITS A8 - AODA CONVERSION INITIALIZATION		
MAKE SELECTION AND PRESS ENTER ____		
PF6- AODA MENU      PF10- EXIT		

AODA MENU

Alcohol and Other Drug Abuse

99/99/99 09:57:19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>81 - CLIENT REGISTRATION</td> <td>94 - FSP REGISTRATION</td> </tr> <tr> <td>86 - CORE SERVICES</td> <td>96 - FSP SERVICES</td> </tr> <tr> <td></td> <td>98 - SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33 - CSC PAYMENTS</td> <td>A3 - AODA REGISTRATION</td> </tr> <tr> <td>37 - CSC HISTORY</td> <td>A5 - AODA SERVICES</td> </tr> <tr> <td>86 - CSC SERVICES</td> <td>ADOPTIONS</td> </tr> <tr> <td>88 - CSC REGISTRATION + FISCAL</td> <td>B1 - ADOPTIONS REGISTRATION</td> </tr> <tr> <td>LTS</td> <td>B2 - ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1 - LTS REGISTRATION</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2 - LTS SERVICES</td> <td>S1 - SE REGISTRATION</td> </tr> <tr> <td>L3 - LTS MULTIPLE SERVICES/COSTS</td> <td>S2 - SE JOB INFORMATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S3 - 1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1 - MH REGISTRATION</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M2 - MH SERVICES</td> <td>68 - BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4 - CONSUMER STATUS</td> <td>69 - BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	81 - CLIENT REGISTRATION	94 - FSP REGISTRATION	86 - CORE SERVICES	96 - FSP SERVICES		98 - SERVICES EXPENDITURES	CSC	AODA	33 - CSC PAYMENTS	A3 - AODA REGISTRATION	37 - CSC HISTORY	A5 - AODA SERVICES	86 - CSC SERVICES	ADOPTIONS	88 - CSC REGISTRATION + FISCAL	B1 - ADOPTIONS REGISTRATION	LTS	B2 - ADOPTIONS FINALIZATION	L1 - LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2 - LTS SERVICES	S1 - SE REGISTRATION	L3 - LTS MULTIPLE SERVICES/COSTS	S2 - SE JOB INFORMATION	MENTAL HEALTH	S3 - 1 MONTH SEMI-ANNUAL REPORT	M1 - MH REGISTRATION	BIRTH TO THREE	M2 - MH SERVICES	68 - BIRTH TO THREE REGISTRATION	M4 - CONSUMER STATUS	69 - BIRTH TO THREE SERVICES
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MAKE SELECTION AND PRESS ENTER: ____																																				
PF10 - MAIN MENU																																				

INQUIRY MENU

```

99/99/99          Human Services Reporting System          99999999
11: 43: 28        AODA REGISTRATION NEW-UPDATE-INQUIRY    PW08A3

SCREEN A3 TRANS TYPE  _ (N/U/I)                          WORKER ID* _____
                                                           SSN/MA*  _____
CLIENT ID  _____ - _____ - _____ - _____  MODULE KEY  _____

LAST NAME _____ FIRST _____ MI _____ SUFFIX _____
BIRTHDATE _____ SEX _____ HISP(Y/N) _____ RACE _____ CLTCHR _____

STARTDATE _____ CLOSEDATE _____ CO/COL _____ REF-SRCE _____ EDUC _____ FAM-REL _____
BRIEF SERVICE _____ EMP-STAT _____ EMP-HIS* _____ PREGNANT _____ DISABILITY* _____

DIAGNOSIS* _____ CASE-REV-DATE* _____ FAMILY ID* _____
LOCAL DATA* _____ SPECIAL PROJ REPORT _____
                        PRIMARY SECONDARY TERTIARY DISCHARGE
SUBSTANCE PROBLEM _____
USUAL ROUTE ADMIN _____
FREQUENCY OF USE _____
AGE OF FIRST USE _____

*OPTIONAL DATA PF5-PRINT PF6-AODA MENU PF8-FULL CLIENT PRINT PF10-EXIT
NEXT SCREEN _____

```

SCREEN A3

AODA REGISTRATION

Use to enter registration information for new AODA clients, to reregister a closed client, update registration information for existing clients, or to view current registration information using the module key.

#### NOTES

TRANS TYPE - The transaction types are N = New, U = Update, and I = Inquiry





## SCREEN A4

## AODA SERVICES (continued)

### CHANGING UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC for a given month, when you enter a different number of units for this Program Number for the same month on Screen A4, the new entry will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

### ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month and year for which you are entering the units and the number of units.

The system will both keep track of the number of units provided in a program for each month, and keep a cumulative count for the year to date. Thus, when viewing a services inquiry, the number of units shown will be the total number of units provided under this program for the year-to-date. In sum, units cannot be added to a given month - the new entry replaces the number. Additions are only done for adding a new month's units.

## OTHER UNITS -

Four whole numbers plus two decimal places are provided. Example: 22.75. Do not enter the decimal point.

This field is right-justified, meaning you do not have to zero fill the number.

99/99/99  
11:46:33

HUMAN SERVICES REPORTING SYSTEM  
AODA SERVICES INQUIRY REQUEST

9999999  
PW08A5

SCREEN A5

AODA MODULE KEY \_\_\_\_\_

\*DELIV: \_\_\_\_\_ AGENCY ID: \_\_\_\_\_  
MM YYYY

\*\*NEXT SCREEN \_\_\_\_

PF6-AODA MENU PF10-EXIT

\*DEFAULTS TO CURRENT MONTH/YEAR UNLESS KEYED DIFFERENTLY

\*\*LEAVE NEXT SCREEN BLANK IN ORDER TO SELECT SPC FROM SCREEN A6

99/99/99  
11:47:39

HUMAN SERVICES REPORTING SYSTEM  
AODA SERVICES INQUIRY

9999999  
PW08A6

SCREEN A6

CLIENT ID: \_\_\_\_\_ EPISODE CODE: \_\_\_\_\_ MODULE TYPE: AODA

NAME: \_\_\_\_\_ WORKER ID: \_\_\_\_\_

DELIV MM/YYYY \_\_\_\_ / \_\_\_\_

SEL	PGM	SPC	SUB	START	PROVIDER	DAYS	OF	OTHER	SPC	SPC	CLOSE	TAR	SPC
SPC	NO	SPC	PGM	DATE	NUMBER	CARE	UNITS		END	END	STAT	GRP	REV
									DATE	REA	A F E		MM YYYY
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-

NEXT SCREEN \_\_\_\_

PF5-PRINT PF6-AODA MENU PF10-EXIT

SCREEN A5  
SCREEN A6

AODA SERVICES INQUIRY REQUEST

Enter module key on Screen A5 to view all services entered for that episode on Screen A6 (both open and closed). Entry of Delivery Month and Year will cause units for that month/year to be displayed. If no date is entered, the current year's units are shown. If only a year is entered, all units for that year are shown.

NOTES

SEL SPC -

Key an X in the select SPC column to view and update a specific service; also key in a Next Screen number. Press ENTER key. Press the PA1 or Page Up key.

The selected service will move forward to the chosen next screen. A maximum of 4 SPCs per screen can be moved forward using this function.

99/99/99  
11:48:53

Human Services Reporting System  
HSRS AODA MULTIPLE CLIENT UNITS

9999999  
PW08A7

SCREEN A7 DELIV MM/YYYY \_\_\_\_ / \_\_\_\_

EPI S O D E	P G M N O	D A Y S O F C A R E	O T H E R U N I T S	D E L I V M M / Y Y Y Y	S P C E N D D A T E	S P C E N D R E A	C L O S E S T A T A F E
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _
_____	__	____	____	____	_____	__	__ _ _

PF5- PRINT PF6- AODA MENU PF10- EXIT

SCREEN A7

AODA MULTIPLE CLIENT UNITS

Use to enter AODA client units for several clients/episodes on the same screen.

NOTES

DELIV MM/YYYY - Enter the Delivery Month and Year at the top of the screen. If units for different months are entered on this screen, enter the Delivery Month and Year in the middle field - DELIV MM/YYYY. The data entered on the strip (middle field of screen) will override the date entered at the top of Screen A7.

EPI S O D E - When making multiple entries for the same episode, you do not need to repeat the Episode Key on each line. Simply enter the Episode Key on the first entry line, then enter a quotation mark (") under the Episode Key for each entry for this episode. This will eliminate the need to key the eight character Episode Key for each entry.

SPC END DATE - Enter the Spc End Date, SPC End Reason, and Closing Status if you wish to close the Service.  
SPC END REA, &  
CLOSING STATUS

XVI. SUPPORTED EMPLOYMENT SCREENS

99/99/99 14: 23: 11	Human Services Reporting System Supported Employment Menu	xxxxxxx PW08SE
S1--SE REGISTRATION (N/U/E/I) S2--SE JOB INFORMATION (N/U/E/D/I) S3--SE 1 MONTH SEMI ANNUAL REPORTING (N/U/E/I)		
MAKE SELECTION AND PRESS ENTER: ____		
Depress PF10 for HSRS Main Menu		

---

SUPPORTED EMPLOYMENT MENU

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802
CORE 81-- CLIENT REGISTRATION 86-- CORE SERVICES  CSC 33-- CSC PAYMENTS 37-- CSC HISTORY 86-- CSC SERVICES 88-- CSC REGISTRATION + FISCAL LTS L1-- LTS REGISTRATION L2-- LTS SERVICES L3-- LTS MULTIPLE SERVICES/COSTS MENTAL HEALTH M1-- MH REGISTRATION M2-- MH SERVICES M4-- CONSUMER STATUS	FAMILY SUPPORT 94-- FSP REGISTRATION 96-- FSP SERVICES 98-- SERVICES EXPENDITURES AODA A3-- AODA REGISTRATION A5-- AODA SERVICES ADOPTIONS B1-- ADOPTIONS REGISTRATION B2-- ADOPTIONS FINALIZATION SUPPORTED EMPLOYMENT S1--SE REGISTRATION S2--SE JOB INFORMATION S3-- 1 MONTH SEMI-ANNUAL REPORT BIRTH TO THREE 68-- BIRTH TO THREE REGISTRATION 69-- BIRTH TO THREE SERVICES	
MAKE SELECTION AND PRESS ENTER: ____		
PF10 - MAIN MENU		

---

INQUIRY MENU

```

99/99/99          Human Services Reporting System          xxxxxxxx
14: 24: 50        SE REGISTRATION NEW-UPDATE-INQUIRY      PW08S1

SCREEN S1 TRANS TYPE _ (N/U/E/I)  MODULE KEY _____ WORKER ID _____
                                      OPTIONAL

CLIENT ID _____
LAST NAME _____ FIRST _____ MI _____ SUFFIX _____
BIRTHDATE ____ / ____ / ____ SEX _ HISP(Y/N) _ RACE _____ CLIENT CHAR ____ _

EPISODE START DATE _____ EPISODE END DATE _____

CHANGE DATE _____
FUNDING AGENCY* _____ TARGET GROUP* _____ PROVIDER* _____
* CHANGE DATE REQUIRED FOR THESE FIELDS WITH U OR E TRANS TYPE

PGM NO: ____ SPC START DATE: _____ SPC END DATE: _____

- - - - - OPTIONAL SE DATA - - - - -
              PRE SE SHELTERED
OUTSIDE SETTING _ _ _ _ HOURLY WAGE _ _ _ _

PF5- PRINT  PF6- SE MENU  PF8- FULL CLPRT  PF10- HSRS Main Menu  NEXT SCREEN ____

```

SCREEN S1

SUPPORTED EMPLOYMENT REGISTRATION

Use to enter registration information for new Supported Employment clients, reregister a closed client, update or error correct information for existing clients, or to view current information using the module key.

#### NOTES

TRANS TYPE -

The transaction types are:

N = New - to enter a new episode.

U = Update - to add to or change information for an existing episode.

E = Error Correct - to correct erroneous information.

I = Inquiry - to view registration information

CHANGE DATE -

Required for Update or Error Correction to Funding Agency, Target Group, or Provider Number.

PGM NO,  
SPC START DT,  
SPC END DT -

Program Number, SPC Start Date, and SPC End Date are not enterable fields. They are displayed after the other information on the screen has been successfully entered.

99/99/99  
14: 26: 23

Human Services Reporting System  
SE JOB INFORMATION

xxxxxxx  
PW08S2

SCREEN S2 TRANS TYPE \_ (N/U/E/D/I)

MODULE KEY \_\_\_\_\_

JOB NO	START DATE	JOB TYPE	WORK SITE	EMP TYPE	END DATE	END REA	EMPLOYER' S NAME*
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—

\_\_\_\_\_

\*OPTIONAL DATA PF5 PRINT PF6 SE MENU PF8 CLNT PRINT PF10 HSRS MAIN MENU

\_\_\_\_\_

NEXT SCREEN \_\_\_\_\_

SCREEN S2

SUPPORTED EMPLOYMENT JOB INFORMATION

Use to enter job information for new Supported Employment clients, update, error correct or delete existing job information, or to view current job information using the module key.

NOTES

TRANS TYPE — The transaction types are:

N = New - to add the first job(s) to an episode.  
U = Update - to add subsequent jobs to an episode or change existing jobs.  
E = Error Correct - to correct erroneous information  
D = Delete - to delete jobs  
I = Inquiry - to view job data

JOB NO — Enter job number if already generated.

99/99/99  
14: 27: 56

Human Services Reporting System  
1 MONTH SEMI-ANNUAL REPORT N/U/E/I

XXXXXXX  
PW08S3

SCREEN S3 TRANS TYPE \_ (N/U/E/I)  
MODULE KEY \_\_\_\_\_

REPORT MM/YYYY \_ \_ SUPPORT HOURS: DIRECT \_ \_ INDIRECT\* \_ \_

JOB NO	HOURLY WAGE	HOURS WORKED	TRANSPORTATION TYPE	EMPLOYER' S HOURS* NAME*
—	— —	— —	—	— —
—	— —	— —	—	— —
—	— —	— —	—	— —
—	— —	— —	—	— —
—	— —	— —	—	— —
—	— —	— —	—	— —
—	— —	— —	—	— —

\_\_\_\_\_  
\*OPTIONAL DATA PF5- PRINT PF6- SE MENU PF8- CLNT PRINT PF10- HSRS MAIN MENU  
NEXT SCREEN \_\_\_\_\_

SCREEN S3

SUPPORTED EMPLOYMENT ONE MONTH SEMI-ANNUAL REPORT

Use to enter the Supported Employment information for the months of February and August.

NOTES

TRANS TYPE - The transaction types are:

N = New - to enter new semi-annual information.

U = Update - to add to or change information for an existing episode.

E = Error Correct - to correct erroneous information.

I = Inquiry - to view semi-annual SE information.

REPORT MM/YYYY - The report month is either 02 for February or 08 for August.  
(For optional monthly reporting, enter any specific month.)



XVII. MENTAL HEALTH SCREENS

99/99/99 14:02:43	Human Services Reporting System Mental Health Menu	99999999 PW08MH
<p>M1--MH REGISTRATION (N/U/E/I)  M2--MH SERVICES (N/U/E/I)  M3--MH SERVICES MULTIPLE UPDATE  M4--MH CONSUMER STATUS (N/U/I/D)  M5--MH CONSUMER STATUS MULTIPLE UPDATE</p>		
<p>MAKE SELECTION AND PRESS ENTER: ____</p>		
<p>Depress PF10 for HSRS Main Menu</p> <hr/>		

MENTAL HEALTH MENU

99/99/99 09:57:19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td style="text-align: center;">CORE</td> <td style="text-align: center;">FAMILY SUPPORT</td> </tr> <tr> <td>81--CLIENT REGISTRATION</td> <td>94--FSP REGISTRATION</td> </tr> <tr> <td>86--CORE SERVICES</td> <td>96--FSP SERVICES</td> </tr> <tr> <td></td> <td>98--SERVICES EXPENDITURES</td> </tr> <tr> <td style="text-align: center;">CSC</td> <td style="text-align: center;">AODA</td> </tr> <tr> <td>33--CSC PAYMENTS</td> <td>A3--AODA REGISTRATION</td> </tr> <tr> <td>37--CSC HISTORY</td> <td>A5--AODA SERVICES</td> </tr> <tr> <td>86--CSC SERVICES</td> <td style="text-align: center;">ADOPTIONS</td> </tr> <tr> <td>88--CSC REGISTRATION + FISCAL</td> <td>B1--ADOPTIONS REGISTRATION</td> </tr> <tr> <td style="text-align: center;">LTS</td> <td>B2--ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1--LTS REGISTRATION</td> <td style="text-align: center;">SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2--LTS SERVICES</td> <td>S1--SE REGISTRATION</td> </tr> <tr> <td>L3--LTS MULTIPLE SERVICES/COSTS</td> <td>S2--SE JOB INFORMATION</td> </tr> <tr> <td style="text-align: center;">MENTAL HEALTH</td> <td>S3--1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1--MH REGISTRATION</td> <td style="text-align: center;">BIRTH TO THREE</td> </tr> <tr> <td>M2--MH SERVICES</td> <td>68--BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4--CONSUMER STATUS</td> <td>69--BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	81--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
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<p>MAKE SELECTION AND PRESS ENTER: ____</p>																																				
<p>PF10 - MAIN MENU</p> <hr/>																																				

INQUIRY MENU

99/99/99 14: 04: 13	Human Services Reporting System MH REGISTRATION NEW-UPDATE- INQUIRY	9999999 PW08MI
SCREEN M1 TRANS TYPE _ (N/U/E/I) MODULE KEY _____ WORKER ID* _____		
CLIENT ID _____ - _____ - _____ - _____ LAST NAME _____ FIRST _____ MI _____ SUFFIX _____ BIRTHDATE ____ / ____ / ____ SEX _ HISP(Y/N) _ RACE _____ CLIENT CHAR ____ _ MA NUMBER _____		
COMMITMENT STATUS _____ COMMITMENT STATUS REVIEW DATE ____ / ____ / ____ SEVERITY or BRC GROUP _ PRESENTING PROBLEM ____ _		
DIAGNOSTIC IMPRESSION _____ COUNTY OF RES _____ CLOSING DATE ____ / ____ / ____ SOCIAL SUPPORT _____ NUM OF CHILDREN _____ CHILDREN AT HOME _____ VETERAN STATUS _____ REFERRAL SOURCE _____ CASE REVIEW DT ____ / ____ / ____ FAMILY ID _____ LOCAL DATA _____		
*OPTIONAL PF5- PRINT PF6- MH MENU PF8- FULL CLIENT PRINT PF10- MAIN MENU NEXT SCREEN ____		

SCREEN M1 MENTAL HEALTH REGISTRATION

Use to enter registration information for new Mental Health clients, to register a closed client, update or error correct registration information for existing clients, or to view current registration information using the module key.

NOTES

TRAN TYPE –

The transaction types are:

N = New – enter a new episode

U = Update – add to or change information for an existing episode

E = Error Correct – correct erroneous information

I = Inquiry – view registration information.

99/99/99  
14:07:01  
SCREEN M2

HSRS MENTAL HEALTH MODULE  
SERVICES

9999999  
PW08M2

TRAN (N/U/I/E): \_  
MODULE KEY: \_\_\_\_\_ INQUIRY MM/YYYY : \_ \_

WORKER ID\* \_\_\_\_\_

PROG NO.	SPC/SUB PGM	SPC ST DATE	PROVIDER ID	UNITS DAYS OTHER	SPC END DATE	SPC CL REASON	DELVRY MM/YYYY	SPC REV DATE
-------------	----------------	----------------	-------------	---------------------	-----------------	------------------	-------------------	-----------------

__	__	__	_____	__	__	__	__	__
__	__	__	_____	__	__	__	__	__
__	__	__	_____	__	__	__	__	__
__	__	__	_____	__	__	__	__	__
__	__	__	_____	__	__	__	__	__

NEXT SCREEN \_\_

PF5 - PRINT PF6 - MH MENU PF8 - FULL CLIENT PRINT  
PF9 - REFRESH SCREEN PF10 - HSRS MAIN MENU

SCREEN M2

MENTAL HEALTH SERVICES

Use to enter services for a Mental Health client, add to, update, error correct, or inquire services information for existing clients.

NOTES

TRANS TYPE -

The transaction types are:

N = New - to add the first service(s) to an episode.

U = Update - to add subsequent services to an episode or change existing services.

E = Error Correct - to correct erroneous service information.

I = Inquiry - to view service data.

PRG NO -

Enter Program Number if already generated.

SPC CODE -

Enter SPC code to start a new service.

SUB PRG -

Enter a subprogram code if applicable.

Three whole number places are provided. This field is right-justified which means you do not have to zero fill the number.

OTHER UNITS -

Four whole numbers and two decimal places are provided. Do not enter the decimal point. This field is right-justified which means you do not have to zero fill the number.



99/99/99  
14: 10: 01

HSRS MENTAL HEALTH MODULE  
CONSUMER STATUS

99999999  
PWO8M4

SCREEN M4 TRANS TYPE (N/U/I/D) \_

EPISODE \_\_\_\_\_ REPORT MM/YYYY \_\_\_\_

BRC PSYCH		HEALTH CARE				SUI		RES DAILY		EMP CMT		CRIM		FINANCIAL	
UPD	STRSS	GAF	STAT	PHY	VIS	DNT	RISK	ARR	ACTIV	EMP	LVL	STAT	JUST	SUPPORTS	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

NEXT SCREEN \_\_\_\_

PF5 - PRINT PF6 - MH MENU PF8 - MH FULL CLIENT PRINT  
PF9 - REFRESH SCREEN

SCREEN M4

MENTAL HEALTH OUTCOME ENTRY

Use to enter Consumer Status information. Required at the beginning of episode, six month updates, and episode close for consumers who meet the definition of BRC Target Population (Field 10 = Hor L).

NOTES

TRANS TYPE -

The transaction types are:  
N = New - enter new data  
U = Update - change information  
I = Inquiry - view outcome information  
D = Delete

REPORT mm/yyyy -

Enter the month and year for which the consumer status data represents.

99/99/99  
08:53:18

HSRS MENTAL HEALTH MODULE  
CONSUMER STATUS

99999999  
PW08M5

SCREEN M5 REPORT MM/YYYY \_\_\_\_

EPISODE	BRC UPD	PSYC STRS	GAF	HLTH STAT	HEALTH CARE APPOINTMENTS PHY VIS DNT	SUI CIDE RISK	RES ARR	DAILY ACTIV	EMP	EMP LVL	CMIT STAT	CRIM JUST	FIN SUPP
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___

NEXT SCREEN \_\_\_\_

PF5 - PRINT PF9 - REFRESH SCREEN PF6 - MH MENU

SCREEN M5 MENTAL HEALTH OUTCOME MULTIPLE ENTRY

Use to enter a single month of consumer status information for several Mental Health consumers/episodes on the same screen.

XVIII. BIRTH TO THREE SCREENS

99/99/99 99: 99: 99	Human Services Reporting System Birth to Three Menu	XXXXXX PW0867
<p>68 - B to 3 REGISTRATION (N/U/I) 69 - B to 3 SERVICES (N/U/I)</p>		
<p>MAKE SELECTION AND PRESS ENTER: __</p>		
<p>Depress PF10 for HSRS Main Menu</p>		

BIRTH TO THREE MENU

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>81 - CLIENT REGISTRATION</td> <td>94 - FSP REGISTRATION</td> </tr> <tr> <td>86 - CORE SERVICES</td> <td>96 - FSP SERVICES</td> </tr> <tr> <td></td> <td>98 - SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33 - CSC PAYMENTS</td> <td>A3 - AODA REGISTRATION</td> </tr> <tr> <td>37 - CSC HISTORY</td> <td>A5 - AODA SERVICES</td> </tr> <tr> <td>86 - CSC SERVICES</td> <td>ADOPTIONS</td> </tr> <tr> <td>88 - CSC REGISTRATION + FISCAL</td> <td>B1 - ADOPTIONS REGISTRATION</td> </tr> <tr> <td>LTS</td> <td>B2 - ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1 - LTS REGISTRATION</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2 - LTS SERVICES</td> <td>S1 - SE REGISTRATION</td> </tr> <tr> <td>L3 - LTS MULTIPLE SERVICES/COSTS</td> <td>S2 - SE JOB INFORMATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S3 - 1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1 - MH REGISTRATION</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M2 - MH SERVICES</td> <td>68 - BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4 - CONSUMER STATUS</td> <td>69 - BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	81 - CLIENT REGISTRATION	94 - FSP REGISTRATION	86 - CORE SERVICES	96 - FSP SERVICES		98 - SERVICES EXPENDITURES	CSC	AODA	33 - CSC PAYMENTS	A3 - AODA REGISTRATION	37 - CSC HISTORY	A5 - AODA SERVICES	86 - CSC SERVICES	ADOPTIONS	88 - CSC REGISTRATION + FISCAL	B1 - ADOPTIONS REGISTRATION	LTS	B2 - ADOPTIONS FINALIZATION	L1 - LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2 - LTS SERVICES	S1 - SE REGISTRATION	L3 - LTS MULTIPLE SERVICES/COSTS	S2 - SE JOB INFORMATION	MENTAL HEALTH	S3 - 1 MONTH SEMI-ANNUAL REPORT	M1 - MH REGISTRATION	BIRTH TO THREE	M2 - MH SERVICES	68 - BIRTH TO THREE REGISTRATION	M4 - CONSUMER STATUS	69 - BIRTH TO THREE SERVICES
CORE	FAMILY SUPPORT																																			
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CSC	AODA																																			
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86 - CSC SERVICES	ADOPTIONS																																			
88 - CSC REGISTRATION + FISCAL	B1 - ADOPTIONS REGISTRATION																																			
LTS	B2 - ADOPTIONS FINALIZATION																																			
L1 - LTS REGISTRATION	SUPPORTED EMPLOYMENT																																			
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MENTAL HEALTH	S3 - 1 MONTH SEMI-ANNUAL REPORT																																			
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M2 - MH SERVICES	68 - BIRTH TO THREE REGISTRATION																																			
M4 - CONSUMER STATUS	69 - BIRTH TO THREE SERVICES																																			
<p>MAKE SELECTION AND PRESS ENTER: __</p>																																				
<p>PF10 - MAIN MENU</p>																																				

INQUIRY MENU

99/99/99                      Human Services Reporting System                      xxxxxxxx  
14:33:10                      BIRTH TO 3 CLIENT REGISTRATION                      PW0868

SCREEN 68 TRANS TYPE N/U/I                      EPISODE KEY:                      \_\_\_\_\_

WORKER ID:                      \_\_\_\_\_

CLIENT ID:                      \_\_\_\_\_ -                      \_\_\_\_\_ -                      \_\_\_\_\_ -                      \_\_\_\_\_                      SSN :                      \_\_\_\_\_

LAST NAME:                      \_\_\_\_\_                      FIRST:                      \_\_\_\_\_                      MI:                      \_\_\_\_\_                      SUFF:                      \_\_\_\_\_

BIRTHDATE:                      \_\_\_\_ /                      \_\_\_\_ /                      \_\_\_\_                      SEX:                      \_\_\_\_                      HI SP(Y/N):                      \_\_\_\_                      RACE:                      \_\_\_\_\_

CLIENT CHAR:                      \_\_\_\_                      \_\_\_\_                      \_\_\_\_                      REFERRAL DATE:                      \_\_\_\_\_                      REFERRAL SOURCE:                      \_\_\_\_

COUNTY OF RESIDENCE:                      \_\_\_\_                      PRIMARY LOC OF SERVICES:                      \_\_\_\_                      OTHER LOC:                      \_\_\_\_

START DATE:                      \_\_\_\_\_                      CLOSING DATE:                      \_\_\_\_\_                      CLOSING REASON:                      \_\_\_\_

PF1 - ENTRY MENU                      PF5 - PRINT                      PF8 - CLIENT PRINT                      NEXT SCREEN:                      \_\_\_\_

---

SCREEN 68                      BIRTH TO THREE REGISTRATION

Use to enter, update or inquire registration information.

NOTES

TRANS TYPE -                      The transaction types are N = New, U = Update, and I = Inquiry.



99/99/99  
14:34:56

Human Services Reporting System  
Birth to 3 Services

xxxxxxx  
PW0869

SCREEN 69 TRANS TYPE N/U/I \_ INQUIRY MM/YYYY: \_ \_

MODULE KEY: \_\_\_\_\_

PGM NO	SERVICE	STRDT* MMDDYYYY	END-DT* MMDDYYYY	SVC* UNITS	DELVY* MM*YYYY	PROVIDER* NUMBER	REV-DT* MM*YYYY
—	—	_____	_____	— —	— —	_____	— —
—	—	_____	_____	— —	— —	_____	— —
—	—	_____	_____	— —	— —	_____	— —
—	—	_____	_____	— —	— —	_____	— —
—	—	_____	_____	— —	— —	_____	— —

NEXT SCREEN \_

PF1 - CLIENT ENTRY MENU      PF5 - PRINT      PF8 - CLIENT PRINT  
\*Denotes optional data field  
DELIVERY DATE DEFAULTS TO CURRENT MM/YYYY UNLESS KEYED DIFFERENTLY

SCREEN 69

BIRTH TO THREE SERVICES

Use to enter or update service information.

NOTES

TRANS TYPE – The transaction types are N = New, U = Update, and I = Inquiry.

PROG NO – Enter Program Number if already generated.

SVC UNITS – Service Units - Three whole numbers and two decimal places are provided. Do not enter the decimal point. The field right-justifies.

XIX. LONG TERM SUPPORT SCREENS

99/99/99 14: 44: 03	Human Services Reporting System Long Term Support Menu	9999999 PW08LT
<p>L1--LTS REGISTRATION (N/U/E/I)  L2--LTS SERVICES INFORMATION (U/E/I)  L3--LTS MULTIPLE SERVICES/COSTS ENTRY SCREEN (U/I)  L4--LTS CODE CONVERSION (U)</p>		
<p>MAKE SELECTION AND PRESS ENTER: ____</p>		
<p>Depress PF10 for HSRS Main Menu</p> <hr/>		

LONG TERM SUPPORT MENU

99/99/99 09: 57: 19	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802		
<table border="0"> <tr> <td style="vertical-align: top;"> <p><b>CORE</b></p> <p>81--CLIENT REGISTRATION 86--CORE SERVICES</p> <p><b>CSC</b></p> <p>33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL</p> <p><b>LTS</b></p> <p>L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS</p> <p><b>MENTAL HEALTH</b></p> <p>M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS</p> </td> <td style="vertical-align: top;"> <p><b>FAMILY SUPPORT</b></p> <p>94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES</p> <p><b>AODA</b></p> <p>A3--AODA REGISTRATION A5--AODA SERVICES</p> <p><b>ADOPTIONS</b></p> <p>B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION</p> <p><b>SUPPORTED EMPLOYMENT</b></p> <p>S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT</p> <p><b>BIRTH TO THREE</b></p> <p>68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES</p> </td> </tr> </table>			<p><b>CORE</b></p> <p>81--CLIENT REGISTRATION 86--CORE SERVICES</p> <p><b>CSC</b></p> <p>33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL</p> <p><b>LTS</b></p> <p>L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS</p> <p><b>MENTAL HEALTH</b></p> <p>M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS</p>	<p><b>FAMILY SUPPORT</b></p> <p>94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES</p> <p><b>AODA</b></p> <p>A3--AODA REGISTRATION A5--AODA SERVICES</p> <p><b>ADOPTIONS</b></p> <p>B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION</p> <p><b>SUPPORTED EMPLOYMENT</b></p> <p>S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT</p> <p><b>BIRTH TO THREE</b></p> <p>68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES</p>
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<p>MAKE SELECTION AND PRESS ENTER: ____</p>				
<p>PF10 - MAIN MENU</p> <hr/>				

INQUIRY MENU

99/99/99 14: 45: 16		Human Services Reporting System LONG TERM SUPPORT CLIENT REGISTRATION				9999999 PW08L1	
SCREEN L1 TRANS (N/U/I/E) _		WORKER ID _____		MODULE KEY _____			
LAST NAME _____		FIRST NAME _____		MI _		SUFFIX _____	
SSN/MA NUM _____		CLIENT ID ____ - ____ - ____ - ____		BIRTHDATE ____ ____ ____			
SEX _	HISP(Y/N) _	RACE _	CLIENT CHAR _	LEVEL OF CARE _		MARITAL STATUS _	
LIVING ARRANGEMENT PRIOR CURRENT PEOPLE _ _ _		NATURAL SUPP SOURCE _		PRIOR LOCATION _		SPECIAL PROJ STATUS _	
COUNTY OF FISCAL RESPONSIBILITY _		COURT ORDERED PLACEMENT _		FIN ELIG TYPE _		ELIG IND _	
PGM ELIG DATE _ _ _							
PF5 - PRINT SCREEN		PF8 - CLIENT PRINT		PF10 - MAIN MENU		NEXT SCREEN ____	

SCREEN L1 LONG TERM SUPPORT REGISTRATION

Use to enter, update, inquire, or error correct registration information.

NOTES

TRANS – The transaction types are N = New, U = Update, I = Inquiry, and E = Error Correct.

PGM ELIG DATE - The Program Eligibility Date is not entered by the county. It is entered by the Management Group for CIP 2 and COP - Waiver.

EDITS – The values entered in the following fields are also checked on the L2 screen:

–MA NUMBER

Required for LTS participants who receive MA - Waiver services. If an SPC with an LTS Code (on L2) of 1,2,3,4,5,6, 8, or B is entered on L2, it will check for a valid MA Number of L1.

–MA ELIGIBILITY INDICATOR

Required for LTS participants who receive MA - Waiver services. If an SPC with an LTS Code (on L2) of 1,2,3,4,5,6, 8, or B is entered on L2, it will check on L1 for the value A in the INDICATOR FOR WAIVER MANDATE field.

SPECIAL PROJECT STATUS - The field is 3 positions long to allow the reporting of up to 3 different codes.

99/99/99  
14: 46: 32

Human Services Reporting System  
LONG TERM SUPPORT SERVICES

9999999  
PW08L2

SCREEN L2 TRANS TYPE \_ (U/I/E) WORKER ID \_\_\_\_\_

MODULE KEY \_\_\_\_\_

(CIP1, CSLA, BIW)  
EPIISODE STRT EPIISODE END CLOSE SLOT START END  
DATE DATE REASON NUMBER DATE DATE

PGM NO	SPC	SUB PGM	TAR GRP	LTS CD	FUND SOURCE	SPC STRT DATE	SPC END DATE	PROVIDER NUMBER	NEXT REV DT
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—

PF5 - PRINT SCREEN PF8 - CLIENT PRINT P10 - MAIN MENU NEXT SCREEN \_

SCREEN L2

LONG TERM SUPPORT SERVICES

Use to update, inquire, and error correct service information.

NOTES

- TRANS – The transaction types are U = Update, I = Inquiry, and E = Error Correct.
- EDITS – Each SPC on L2 must contain information to determine which LTS program the SPC is attached to and when necessary, the source of funding. This information is collected in the LTS Code and Funding Source fields.
- LTS CODE  
EDITS – No time overlap is allowed between two SPCs with different Waiver LTS Codes. Time overlap is allowed between any Waiver LTS SPC and any COP LTS SPC. The system will accept two almost identical SPCs if the only difference is the LTS Code-one SPC having a Waiver LTS Code and the other one a COP LTS Code.
- SPCs with a waiver LTS Code of 1, 4, 5, 6, 8, or B can only be entered if a slot number has been allocated to the LTS participant. The inquiry function on L2 will bring up the Slot Number, Slot Start Date and Slot End Date.

SCREEN L2	LONG TERM SUPPORT SERVICES (continued)
FUNDING SOURCE EDITS –	A funding Source Code must be entered on each SPC with an LTS Code of 5, 8 (CSLA and CIP 1B match), or B.
EPISODE CLOSING –	<p>Closing an LTS episode requires three steps:</p> <ol style="list-style-type: none"> <li>1) Every LTS SPC within that episode must be closed. SPCs can only be closed by the agency it belongs to.</li> <li>2) If a slot was open, it must be closed. The Slot End Date must be greater than or equal to the latest SPC End Date attached to the slot.</li> <li>3) After steps 1 and 2, Episode End Date and Closing Reason are entered.</li> </ol>
OPEN A CLOSED EPISODE –	<p>Zero out the Episode End Date and Closing Reason.</p> <p>Slot reopening is not allowed.</p>
COP SPCs –	The COP Assessment SPC 603/01 and COP Plan SPC 603/02 must be entered before COP Service SPCs are accepted. The SPC End Date for these two SPCs defaults to the SPC Start Date.

9999999  
PW08L3

DELIVERY MM/YYYY \_\_\_\_\_

**TOTALS:**

PF5 - PRINT SCREEN   PF8 - CLIENT PRINT   PF10 - MAIN MENU   NEXT SCREEN

### LONG TERM SUPPORT UNITS/COSTS

## NOTES

The transaction types are U = Update and I = Inquiry.

When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

LTS units and costs cannot be changed for prior years due to the reconciliation process being completed and the data finalized. Call the SOS Desk for assistance.

## SCREEN L3

## LONG TERM SUPPORT UNITS/COSTS (continued)

### CHANGING CURRENT YEAR UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC for a given month, entering a different number of units for this program number for the same month on Screen L3 will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

### ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month and year for which you are entering the units and the number of units. Units cannot be added to existing monthly units - the new entry replaces the number.

### COSTS –

Six whole numbers and two decimal places are provided. Do not enter the decimal point. The field right-justifies.

### INQUIRY –

When an inquiry is done on L3, the Program Numbers and SPCs are displayed. The transaction type can then be changed to U (Update) and units and costs can be entered. If an LTS code is entered on the inquiry, only those LTS Program Numbers will be displayed. Example: Enter an I (Inquiry) transaction code, the episode key, and a 7 in the LTS CD (code) and only COP SPCs (code 7) will be displayed.

99/99/99  
14: 50: 03

**Human Services Reporting System**  
**LONG TERM SUPPORT CODE CONVERSION**

9999999  
PW08L4

SCREEN L4 TRANS TYPE U  
MODULE KEY \_\_\_\_\_

CLIENT ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

NUMBER OF CONVERTED SPCS \_\_\_\_

LTS  
CODE  
(OLD) \_\_\_\_  
(NEW) \_\_\_\_

START DATE \_\_\_\_ \_\_\_\_ \_\_\_\_  
END DATE \_\_\_\_ \_\_\_\_ \_\_\_\_

PF5 - PRINT SCREEN P10 - MAIN MENU

NEXT SCREEN \_\_\_\_

SCREEN L4

LONG TERM SUPPORT CODE CONVERSION

Use to convert LTS SPC codes from CIP II to COP - Waiver and vice versa.

NOTES

LTS CODE –

Enter the current LTS code (old) of the SPCs you want to convert and the new LTS code.

START DATE  
& END DATE –

These dates can be used to define a time period of conversion:

- 1) If both dates are entered, the system will convert all SPCs that would overlap this time period.
- 2) If a Start Date and no End Date is entered, the End Date is defaulted to today's date.
- 3) If an End Date but no Start Date is entered, the Start Date is defaulted to the Start Date of the episode.
- 4) If both dates are left blank, the time period will cover the episode and every SPC with the correct LTS Code will be converted.

After entering the information on the screen, press ENTER a first time. If everything is correct the system will return the number of SPCs to be converted. Press ENTER a second time to actually proceed with the conversion, or press F10 to cancel the conversion. The program will also check for any overlap between SPCs with different Waiver codes that would result from the conversion. In such cases, the program would automatically cancel the conversion. A correction of the time window would probably resolve the problem.



XX. CLIENT DELETIONS SCREENS

99/99/99 14:37:02	Human Services Reporting System Client Deletions Menu	xxxxxxx PW0807
HSRS ENTRY MENU		
72 - EPISODE		
73 - SPC		
MAKE SELECTION AND PRESS ENTER: ____		
Depress PF10 to return to HSRS Main Menu		

SCREEN 07

CLIENT DELETIONS MENU

Use to delete programs and episodes which never should have existed. The delete should not be used to close services or episodes when activity ends, because the delete erases rather than closes.

99/99/99  
14:38:17  
SCREEN 72

Human Services Reporting System  
EPISODE DELETIONS

xxxxxxx  
PW0872

EPISODE KEY \_\_\_\_\_ EPISODE TYPE \_\_\_\_ (COR, CSC, FSP, ADP, AO,  
SE, MH, B3)  
CLIENT ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
NEXT SCREEN \_\_\_\_

---

**CAUTION!** Entry of Episode key will delete the entire episode. No record will be kept.

**WARNING!** Call SOS help desk to delete LTS episodes

Depress ENTER - Process Deletion PF5 - Print PF7 - Deletions Menu  
PF9 - Refresh Current Screen PF10 - Exit

---

SCREEN 72

EPISODE DELETION

Use to delete an episode.

NOTES

Episode Type      - COR = Core  
                         - CSC = Children in Substitute Care  
                         - FSP = Family Support Program  
                         - ADP = Adoptions  
                         - AO = Alcohol and Other Drug Abuse  
                         - SE = Supported Employment  
                         - MH = Mental Health  
                         - B3 = Birth to Three Program

**CAUTION!** - Entry of Episode Key will delete the entire episode. No record will be kept.

If this is the only episode the client has, deletion of the episode will delete the client registration information also. In other words, the client will no longer be on the reporting system.

Call the SOS Desk to delete LTS episodes.

99/99/99  
13:20:39  
SCREEN 73

Human Services Reporting System  
SPC DELETIONS

9999999  
PW0873

EPISODE KEY \_\_\_\_\_ TYPE \_\_\_\_ (COR, CSC, FSP, AO  
SE, MH, B3, LTS)

PROGRAM NUM \_\_\_\_

NEXT SCREEN \_\_\_\_

**CAUTION!** This deletes the specified SPC with the entered program number. Clients having only one CSC SPC may not have it deleted. No record will be kept.

**WARNING!** LTS costs and units cannot be deleted for the years where the data has been finalized. Call the SOS Help Desk for assistance.

Depress ENTER - Process Deletion    PF5 - Print    PF7 - Deletions Menu  
PF9 - Refresh Current Screen    PF10 - Exit

SCREEN 73

SPC DELETION

Use to delete specific SPCs or clusters.

NOTES

Type            - COR = Core  
                  - CSC = Children in Substitute Care  
                  - FSP = Family Support Program  
                  - AO = Alcohol and Other Drug Abuse  
                  - SE = Supported Employment  
                  - MH = Mental Health  
                  - B3 = Birth to Three Program  
                  - LTS = Long Term Support

**CAUTION!** - This deletes the specified SPC with the entered Program Number. No record will be kept. The last or only CSC SPC may not be deleted.

**WARNING!** - LTS costs and units cannot be deleted for the years where data has been finalized. Call the SOS Desk for assistance.

XXI. MODULE TYPE (MOD TYPE, MOD, MT)

Used on HSRS reports.

1 = CORE	Human Services Reporting System
2 = CSC	Children in Substitute Care
5 = FSP	Family Support Program
6 = AODA	Alcohol and Other Drug Abuse
7 = ADP	Adoptions
8 = SE	Supported Employment
9 = MH	Mental Health
0 = B3	Birth to Three Program
A = LTS	Long Term Support

## XXII. HSRS PROVIDER NUMBER REQUEST

Provider number requests may be sent via:

E-mail: [soshelp@dhfs.state.wi.us](mailto:soshelp@dhfs.state.wi.us)  
FAX: (608) 267-2437  
Mail: SOS Desk  
1 W. Wilson St., Room 518  
P. O. Box 7851  
Madison, WI 53707-7851

Please include agency name along with a requestor name when submitting requests.

Please include both the COUNTY FACILITY IS LOCATED IN code and the REQUESTING AGENCY REPORTING UNIT code.

Following are examples for the correct format for requesting HSRS provider numbers. All requests must be submitted in the required format for data entry purposes.

## HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper method to use when requesting provider numbers.

Provider Number		
Facility Name	Lewis Foster Home	
Operator(s) Parent Org*	Ed & Edna Lewis (Required for F.H.)	
Address	209 Parker St.	
City & State	Madison, WI	
Zip Code	53713	
County Facility Is Located In	013	
Provider Type	22	
License Type	02	
Lic Agy Name*	Dane DSS	
Requesting Agency RU Code	4013	
Foster Family Structure	1	
First Foster Caretaker:		
Birth Year	1959	
Hispanic (Y/N)	N	
Race (A, B, I, P, W)	W	
Second Foster Caretaker:		
Birth Year	1959	
Hispanic (Y/N)	N	
Race (A, B, I, P, W)	W	
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

Provider Number		
Facility Name	Willow Oak CBRF	
Operator(s)/Parent Org*		
Address	1210 Willow Oak Ln	
City & State	Fond du Lac, WI	
Zip Code	54935	
County	020	
Provider Type	37	
License	04	
Lic Agy Name*	Lutheran Social Services	
Requesting Agency RU Code	4013	
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

\* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

\*\* - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

## HOW TO REQUEST A CHANGE IN A PROVIDER NUMBER

Whenever requesting a change in data for a provider **always include the name and provider number of the provider**. These requests must also be in the same format as the new request, but you only need to write the information that has changed. For example.

Provider Number	2240130001	
Facility Name	Lewis Foster Home	
Operator(s)/Parent Org*		
Address	7119 Kumba Ct.	
City & State	Madison, WI	
Zip Code	53719	
County Facility Is located In		
Provider Type		
License Type		
Lic Agy Name		
Requesting agency RU Code	4013	
Foster Family Structure		
First Foster Caretaker		
Birth Year		
Hispanic (Y/N)		
Race (A, B, I, P, W)		
Second Foster Caretaker		
Birth Year		
Hispanic (Y/N)		
Race (A, B, I, P, W)		
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

Though the only information that changed was the address and zip code, we still had to allocate space for the other fields.

## HSRS PROVIDER NUMBER REQUEST FORM

Date \_\_\_\_\_ Requester Name \_\_\_\_\_ Agency \_\_\_\_\_

_____	Provider Number
_____	Facility Name
_____	Operator(s)/Parent Organization
_____	Address
_____	City, State
_____	Zip Code
_____	County Code Facility Is Located In
_____	Provider Type
_____	License Type
_____	Licensing Agency Name
_____	Requesting Agency Reporting RU
_____	Board Operated Facility
_____	Active Provider Indicator (Y or N)

### FOR FOSTER HOMES ONLY

_____	Foster Family Structure
	1 - Married Couple
	2 - Unmarried Couple
	3 - Single Female
	4 - Single Male
_____	First Foster Caretaker*
_____	Birth Year
_____	Hispanic/Latino (Y or N)
_____	Race (A, B, I, P, W) Code as many as apply
_____	Second Foster Caretaker
_____	Birth Year
_____	Hispanic/Latino (Y or N)
_____	Race (A, B, I, P, W) Code as many as apply

\*If the foster caretakers are a female/male couple, the female data should go in the First Foster Caretaker fields.

If the foster caretaker is a single person (M or F) the data goes in the First Foster Caretaker fields.

If the foster caretakers are both the same sex (male/male or female/female), it doesn't matter which person's data is listed first or second.



## HSRS PROVIDER AND LICENSE TYPES

<u>CODE</u>	<u>PROVIDER TYPE</u>
22	Foster Home - Children
23	Group Home - Corporate - For Profit
24	Group Home - Corporate - Non-Profit
25	Group Home - Unincorporated
26	Detention Facility
27	Shelter Care Facility
28	Residential Care Center - Private, For Profit
29	Residential Care Center - Private, Non-Profit
30	Residential Care Center - Public
31	School For The Blind Or Deaf
32	Center for Developmentally Disabled
33	State Mental Health Institute
34	Non-State Operated Psychiatric or Specialty Hospital
35	General Hospital
36	Adult Family Home
37	CBRF - (5 -8 Residents)
38	CBRF - (9-16 Residents)
39	CBRF - (17 + Residents)
43	Adult Day Care
44	Substitute Care Parent Agencies
70	Supportive Home Care (Individual)
71	Supportive Home Care (Direct)
72	Supportive Home Care (Contract)
76	In-Home Child Care (Relative)
77	In-Home Child Care (Non-Relative)
78	Family Day Care (Relative)
79	Family Day Care (Non-Relative)
80	Group Center - Child Day Care
82	Sheltered Employment Facility
83	Day Services (Non-Medical) Facility
84	Day Services (Medical) Facility
85	Outpatient Facility/Service Office
86	Nursing Home
87	Transitional Living Program
88	Approved Ancillary Services *
89	Other (Including Respite Care and Direct Grants)

\*As listed in the Allowable Costs Manual

### LICENSE TYPE

00	Not Licensed
01	Licensed by State of WI
02	Licensed <u>or</u> Certified by a County in WI
03	Licensed By State of WI & County Certified
04	Licensed by a Private Organization or another State
05	Tribal

COUNTY OF RESIDENCE CODES

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac Du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	La Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

HSRS forms are free and may be ordered by completing a DMT-25 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form.

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